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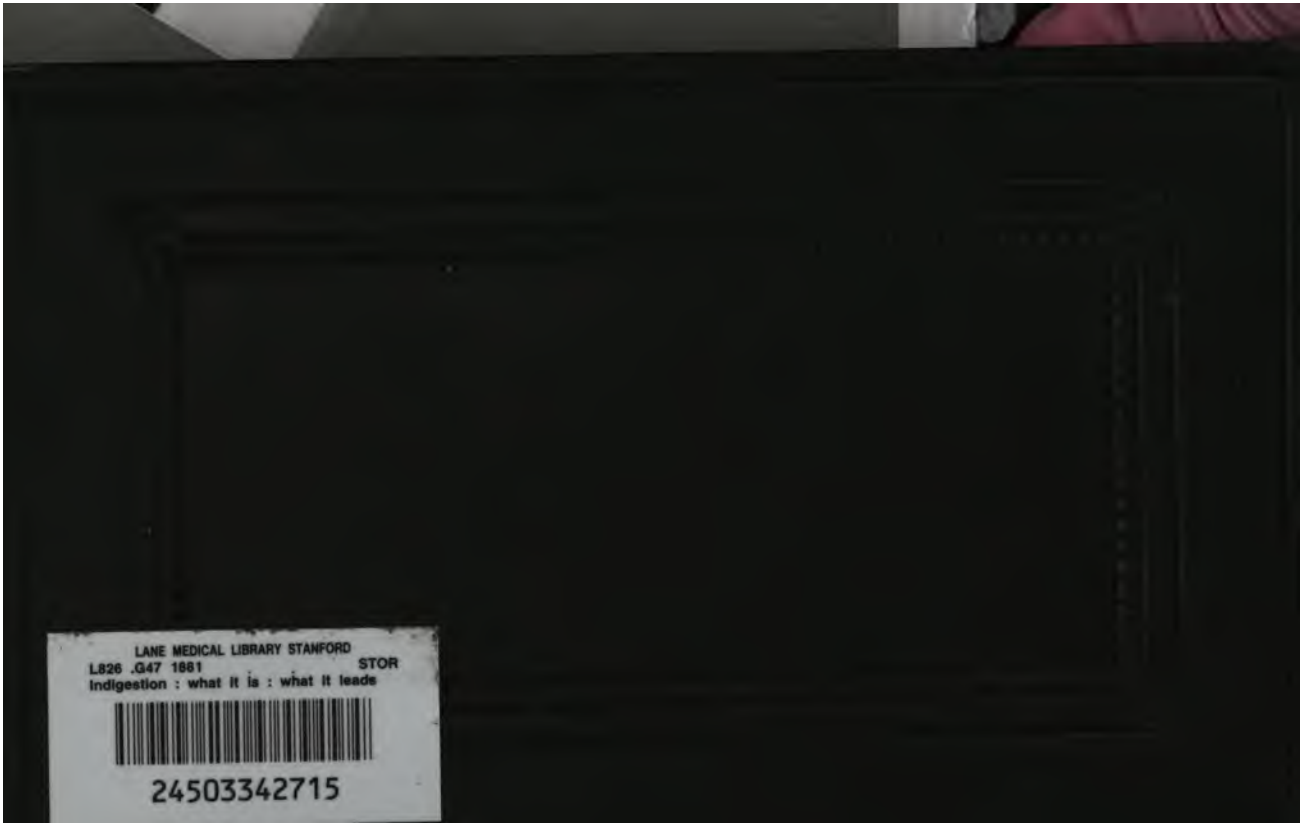
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# INDIGESTION

## *WHAT IT IS; WHAT IT LEADS TO;*

AND

## *A NEW METHOD OF TREATING IT.*

BY

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*SECOND EDITION.*




LONDON

J. & A. CHURCHILL, NEW BURLINGTON STREET

1881

my eyes to the fact that his fast is of but little value when looked at with the eye of the scientist, neither do I desire so to do. It has, however, been productive of good, inasmuch as it has set most of us thinking on the subject of the amount of food that is *necessary* to be taken for the attainment of the *greatest amount* of physical health. The outcome of the whole business will be an arrival at the conclusion, that the quantity ingested by the majority is far in excess of that demanded for the repair of waste; and that it is, consequently, a burden, primarily to the organs more immediately concerned in the digestive process—secondarily to the entire system.

For many years Hydropathy was the prey of unqualified aspirants to professional honours. Hence, lack of knowledge on the part of the practitioner speedily brought dire discredit upon a branch of Medicine which, when rightly applied, cannot fail to be productive of good to the patient. Of late, however, science has opened its eyes to the fact that water is the

fluid created by the Universally-Beneficent for the resuscitation of the two organic kingdoms of Nature. She has taken it to her laboratory. She has coaxed its secrets from it. She has, veritably, erected it into a Heal-all.

Individually I rejoice, that Drug-ism has seen its day—is receding before—giving place to—the milder sway of natural remedies.

Power of digestion is a relative quantity. At one end of the standard must be placed the fortunate individual who can eat anything that takes his fancy; at the other the unhappy man who can assimilate nothing but soda-water and milk.

Every dyspeptic will do well to find out *his exact position* upon the standard of digestion, and, having found it, to rest content with that position, until he has succeeded, by the practice of self-restraint, in securing, step by step, a higher position thereupon.

True feeding consists in eating the *exact* amount of nourishment that the individual can assimilate, yet without the generation of impurities.

In my opinion the affinity that exists between indigestion on the one hand, and rheumatism and gout on the other, is, scarcely, sufficiently realized. The two latter diseases are the direct result of the former. Hence the prophylaxis of the latter is the treatment of the former. It is scarcely possible to inquire into the antecedents of rheumatism and gout without stumbling across the symptoms of dyspepsia. It is never to be forgotten that suppressed rheumatism and gout are all but universal diseases.

J. B. G.

CANTERBURY, 1881.

# PREFACE TO THE FIRST EDITION.

ALMOST unconsciously we, one and all, recognize the influence that the Digestive Organs exercise upon our existence.

We call them our "Vitals" because we perceive that Life is turned either to the right or the left by their agency.

We meet an old friend in the street. We give him a civil greeting; he repays us with an acrid rejoinder. "Poor old A.'s stomach is upset, again," we plead to ourselves in extenuation of his rudeness.

The watchful mother one morning finds her infant exceptionally fretful. Inquiry elicits the fact that its bowels have not been relieved during the past two days.

She administers a Steedman's powder. This

does its work in a few hours, and peace once more reigns in the nursery.

Even in enlightened 1879, I find the public-at-large fully impressed with the belief that the stomach must be, and is, a thousand horse-power engine, prepared, at any moment, to do an unlimited amount of work, and that, too, without raising a voice in protest against cruelties perpetrated, provided always that the possessor thereof, remains physically competent to do some approach to a day's work. The prevailing idea is, that, inasmuch as an individual is weak, he must eat more and more largely in order to become strong. Few persons ask themselves either of the all-important questions—Which is the organ at fault? or—What steps must be taken in order to *remove the cause* of the weakness that exists? Nevertheless, the fact remains, that an attempt at over-feeding defeats its own end—*terminates in partial starvation.*

The Day of Trouble, sooner or later, overtakes each one of us. In the hour of mental prostration the man with good digestion fights through a sea of trouble—clambers, a second time, on to his pedestal; the dyspeptic enters the house with barred-windows or commits

suicide! The few who attain extreme longevity are those who possess faultless digestive organs. "The Lancet," of July 26th, 1879, writes of Canon Beadon, who had recently died, aged 102: "*His digestion appeared perfect, and he could eat anything with impunity.* He not only ate heartily at every meal, but used often to eat biscuits, etc., between meals. He was 'a moderate drinker,' by no means a total abstainer, and was, to the last extremely fond of 'sweet things.' He died at last, peaceably and painlessly, from mere decay of nature."

Beyond question, a near approach to Beadonism is not a Utopian vision to him who will obey natural laws.

Occasionally I meet with an individual who tells me he can eat a horse. I congratulate that man upon his digestive ability. This brochure does not affect him—is not written for his guidance. Nevertheless, I warn him to refrain from imposing upon the good nature of his stomach, or the day of reprisal will arrive.

I hope to see the hour when elementary physiology and hygiene will be considered fundamental studies in every school—when Public Baths and Washhouses—maintained, if

necessary, by a special rate, will exist in each town and village throughout England; for, satisfied am I, that such an act of double wisdom, emanating from High Places, will prove political economy of a most remunerative character.

I advise every man, if he desires to secure health, happiness, prosperity, peace of mind, perfection of form and feature, plus longevity; and if, in addition thereto, he aims at handing these glorious possessions down to his children, to take thought for his digestive organs.

J. B. G.

HASTINGS, 1880.

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# INDIGESTION.

## CHAPTER I.

### ON INDIGESTION.

EVEN as I take pen in hand, I am almost tempted to lay it aside again—my subject is so vast, the organs that it more particularly deals with are so complex in structure, their mode of action is so imperfectly understood, their functions are so easily deranged, that the physician can scarcely hope to obtain an adequate victory whilst doing battle with indigestion.

We speak of indigestion as if it were a disease *per se*, yet, as a fact, it is a symptom of almost every disease. *It covers the whole domain of medicine.* Beyond question every disease from which man suffers is either directly dependent upon, or materially influenced by, the condition

of the digestive tract. The stomach is the feeder of the whole body. The blood, which nourishes every organ and tissue thereof, is elaborated from its contents. How, then, can the body be healthy if its larder be diseased?

No subject, in the practice of medicine, is more worthy of the study of the practitioner than that, the consideration of which I am about to enter upon. One does not overstep the bounds of truth whilst affirming that it enters into every relation of life; that it destroys the happiness of the wife, the welfare of the children; that it covers the land with strife; that it fills the jail with occupants; that it feeds the divorce-court; nay, that it even decides the fate of empires!

The infant that should hang at its mother's breast is fed upon bread; the father seeks refuge from its screeches in the public-house or the club-room; he loses his love for home, and gradually becomes a drunkard! The youth becomes incapacitated from learning his tasks; his master inflicts corporal punishment upon him. The poor lad—keenly sensitive, as all dyspeptics are, and cowering under the disgrace inflicted—dips his hand into his father's cash-box and rushes from home to return no more. The

clergyman ascends his pulpit feeling dissatisfied with his congregation, and his congregation leave his church dissatisfied with him. They meet him on the morrow; his nose is red and his face blotchy. The world says he drinks. Yet such an assertion is a cruel calumny. After a time he, disgusted, and depressed in spirits, does begin to take brandy down in order to raise his drooping heart. Matters grow worse daily. Finally, the matter is brought under the notice of his bishop, and a worthy life is wrecked! The Premier, with an easily-led majority at his back, goes to the Senate-House; he has dined with the Lord Mayor the previous evening, and has now butyric acid circulating in his blood. Fiends strive for the mastery in his internals. He declares that England must maintain her position at the head of nations—as arbiter of Europe—so the dogs of war are unleashed, and man rushes at the throat of his brother!*

The rich man—who is dying because occupation lights not the spark in his brain—imparts no vigour to his nerves, solaces himself with too

* The eighteenth century witnessed the destinies of England committed to the charge of a gouty Prime Minister, whose custom was to imbibe a bottle of port before appearing at St. Stephens'!!

frequent libations, infused from China's leaf. He becomes melancholic, draws his razor across his throat, and thus cheats the asylum!

This is no overdrawn picture—'tis literal fact. It has occurred already, will recur, if not to the end of Time, at least until man has studied physiology and learned to practise self-control. Abernethy used boldly to assert that no man would deny his stomach until death stared him in the face! Alas, there was, in the days of indulgence in which he lived, ample foundation for his caustic assertion. We, in 1881, are not much wiser than our grandfathers! Yet we *are* advancing. Many of the heads of the profession are now—all honour to them—reaping in the fields where smaller men ploughed thirty years ago. May-be, our grandsons will accept the dictum that *it is not what a man eats, but what he assimilates that nourishes him*—that the amount that he *ingests* is *large*, whereas the quantity that he *requires* is *small*. Oh, halcyon Day of threadbare physicians, Thy timepiece warns for the Millennium!

## CHAPTER II.

### WHAT IS DIGESTION?

DIGESTION is that process by means of which the assimilable portion of the ingesta is converted into blood. It is performed in the following manner:—

The food, having been conveyed to the mouth, is there masticated and insalivated. The conformation of the teeth and of the digestive organs of man proves that he stands between the graminivorous and the carnivorous animals, more nearly approaching the former; and that, therefore, his food should be, principally, if not entirely, vegetable in character.*

The saliva, the secretion of several glands that lie close to the lower jaw, performs the office of dissolving the soluble portions. Its

* All the herbivora sweat, masticate, drink, and possess an *abundance* of saliva; not so the carnivora. The latter neither sweat nor masticate; they lap; their saliva is secreted but in very limited quantities.

watery portion moistens that which is insoluble, and thus renders it susceptible of being swallowed without inconvenience. An animal principle, called *ptyaline*, is contained in the saliva. This sets up a change in the starchy portion of the food—more particularly when the starch has been cooked—converting it into sugar. Some physiologists also consider that by being frothed with air, it becomes the medium for conveying oxygen into the stomach—the presence of oxygen being, in their opinion, indispensable to the due performance of the digestive function.

The food now passes backwards to the pharynx or upper portion of the œsophagus or gullet, descends that tube, and enters the stomach.

The stomach is a muscular organ, not unlike a bag-pipe in shape, and lying partly under the ribs on the left side. Its greater end looks outwards, and to the left—that is to say, towards the left side-seam of the waistcoat.

The food collects in the great left end of the stomach, and the stomach becomes, during digestion, divided, by contraction of muscular fibres, into a greater (or cardiac) and a lesser (or pyloric) end. As further supplies of food descend, they pass to the interior of the mass

already there. The whole mass is now acted upon by the gastric juice—an acid fluid, secreted by follicles situated at the great left end of the stomach—under the stimulus of the presence of food. Its chief constituents are hydrochloric acid, and an animal principle called *pepsine*, belonging to the same class of substances as ptyaline. This pepsine, acting as a ferment, predisposes the mass to submit to the action of the acids just named. Thus the food is reduced to a pulp, grey in colour, and uniform in consistence; and especially the great nutritious principles—the fibrine, gluten, and caseine are *all* reduced to the condition of *liquid albumen*. The excess of water, plus whatever it may happen to hold in solution, passes, by endosmotic action, directly into the blood, sufficient only remaining in the stomach to impart to the chyme a due pulpy consistence.

The surface of the food is first acted on. As soon as it has been converted into chyme, it is propelled by the action of the muscular coat towards the duodenum, or commencement of the small intestine. If a portion of food that is digestible, but not yet digested, appears at the pyloric, or small right end of the stomach, demanding a passage, it is stopped by the

muscular fibres which there form a sphincter, and sent back to the great left end, there to undergo further digestion.

What a marvel is this pyloric orifice just mentioned! What a power of selection and discrimination does it manifest! It is a fact that that which is *perfectly indigestible*—such as (*e.g.*) the seeds and skins of fruit—the pylorus allows to pass through, without itself showing any symptoms of disturbance!

In the duodenum (so called because its length is about equal to the breadth of twelve fingers) the chyme is mixed with the bile and pancreatic juice. The latter secretion is near akin to saliva: bile, however, is a neutral or weakly alkaline fluid, soapy in character, containing soda combined with two fatty acids called glycocholic or cholic and taurocholic or choleic acids. The two bile acids are present in various proportions in different animals. Bile also contains coloring principles, and a peculiar fat called cholesterine. This secretion neutralizes the acid of the gastric juice, acts on the oily constituents of the food, and renders them miscible with, and soluble in, water. Also the bile is a natural purgative, and excites the peristaltic action of the bowels. Little, however, beyond

its coloring matter passes off in the fæces: furthermore, it is an antiseptic, and retards the putrefaction of the fæces.

A perceptible change now begins to take place in the chyme, and continues during its passage through the remainder of the small intestines; for it separates into two portions—a milky fluid called *chyle*, which is the nutritive portion, and the non-nutritive, called fæces.

The chyle is absorbed by the villi of the mucous membrane, through the agency of microscopic cells, which pick it up and transmit it to the lacteals. These convey it through the mesentery and mesenteric glands to the *receptaculum chyli*, where it is mixed with the lymph brought by the absorbent vessels from the lower extremities and pelvis.

These two fluids, commingled, ascend through the thoracic duct (a tube about twenty inches in length, of the diameter of a small quill, and lying in front of the spinal column), and are poured into the circulation through the medium of the left subclavian vein. From hence it passes through the two right cavities of the heart, and goes to the lungs, there to be, in common with the venous blood of the general circulation, exposed to the action of

the air, before it becomes *blood* in the full sense of the word.

Digestion is, in reality, a double process. It consists of—

(I.) Digestion proper, which occurs within the alimentary canal, and which has for its object the rendering of the food soluble and susceptible of absorption into the circulation; and

(II.) Assimilation, which occurs after it has left the alimentary canal, in the mesenteric glands, the liver, the lungs, and finally in the blood itself. The liver plays a prominent part in these changes, for it not only secretes some eight ounces* of bile in the course of twenty-

* I am aware that the amount of secretion that I attribute to the liver is but a tithe of that set down by the majority of physiologists. I take my stand, however, upon the now-proven fact that a man performing an ordinary day's toil does not *require* more than two pounds of nourishment to support him through his labour. No physician will, I think, venture to assert that the quantity of bile secreted amounts to more than one-fourth of the weight of food ingested. In cases of starvation, either partial or total, we have no evidence that bile is either vomited, retained in the system, or expelled per anum; hence we are, I think, justified in arriving at the conclusion that the amount secreted bears a direct proportion to the quantity of food ingested. If the one business of the life of so vast a gland as the liver were the secretion of bile, a justification for the statement that it gives birth to fifty or sixty ounces in the course of the twenty-four hours would

four hours, but it also effects changes of the highest importance in the food-constituents, which, having entered the blood by endosmosis (as above stated) from the stomach and intestines, are brought directly to it by the vena portæ. One product of this action is sugar, which is taken away in the blood of the hepatic veins.

*Nutrition* is the further use made of the food in the body. Yet only certain ones of its many principles are really nutritious, and renovate the tissues. They are those already mentioned as digested in the stomach, viz., the myosin of meat, the albumen of eggs, the caseine of milk, and the gluten of bread and leguminous foods, such as peas and beans. The other principles, such as starch, sugar, and oil, are not really nutritious, but are consumed in

exist. Inasmuch as, however, this labour is a minor office of the organ in question, I am decidedly of opinion that a statement of the kind must be very wide of fact. Hence, I again assert that the liver *is intended* to secrete only about eight ounces of bile in the course of the twenty-four hours. As a fact, man habitually over-eats. As a consequence the liver is perpetually overworked, and (alas! for his happiness and longevity) in a state of congestion. The portal system conveys a very large proportion of the venous blood from the abdominal viscera to the liver. It follows from this fact that congestion of the liver brings in its train congestion of many of the intra-abdominal organs.

supporting respiration, during the carrying on of which process they are burnt up in every tissue of the body in order to produce animal heat. If not consumed in this manner they are stored up in the form of fat, which is a reservoir of fuel, useful to maintain vital heat, should the supply of food be interrupted. From this it is evident that all kinds of food may be divided into the flesh-formers and heat-producers.

The fæces pass from the small intestines through the ileo-colic valve into the large intestine, where they are joined by excrementitious matter, the product of the follicles of the gut. The valve itself permits of no return. Finally, the fæces collect in the sigmoid flexure of the colon, whence they are expelled from the body. A limited amount of absorption takes place in the large intestine.

## CHAPTER III.

### THE CAUSES OF INDIGESTION.

In the former chapter I gave a very brief sketch of digestion. Purposely I glanced only at main facts, passing minor details unnoticed. I now proceed to inquire—What are the *causes of* dyspepsia?

The two principal causes of indigestion are—(1) Imperfection of the organs themselves; (2) Unsuitability of food, either as regards quantity or kind. These two conditions usually co-exist.

The accessory causes I must also mention. Their number is Legion, but the principal are as follows:—

*a.* Imperfections of cookery.

*b.* Carious disease in, or numerical insufficiency of, teeth.

*c.* The presence on the palate of a plate for artificial teeth.

*d.* Disease of tonsils.

*e.* Adulteration of food.

*f.* Impairment of the general health.

*g.* Disease in a distant organ.

*h.* Irregularity of meals.

*i.* Smoking, chewing, and snuff-taking.

*j.* Impurity of water.

*k.* Exercise, either insufficient or excessive.

*l.* Alternations of temperature, unaccompanied by compensative changes in clothing.

*m.* The stooping posture.

*n.* Insufficiency of air.

*o.* Mechanical pressure on the digestive organs.

*p.* Taking either a hot or a cold bath at an improper hour.

*q.* Use of opiates—more particularly of chloral.

*r.* Excessive study.

*s.* Impurity of air.

*t.* Insufficiency of light.

*u.* Mental emotions.

*v.* Changes of climate without compensative changes in diet.

*w.* The lack of occupation.

*x.* Sexual excesses.

*y.* Insufficiency of sleep.

Most of these conditions I shall, in due course, illustrate by appropriate cases.

I conclude this chapter by dotting down a

few aphorisms, which I recommend the dyspeptic to learn by heart. They are:—

*a.* Let each individual take that which he finds, by experience, to suit him—not his neighbour; carefully distinguishing between natural tastes and acquired bad habits.

*b.* That which is one man's meat is another man's poison.

*c.* Earn your loaf before you eat it.

*d.* Always rise from table unsatiated.

*e.* Stimulation must be followed by depression.

*f.* Live peaceably with all men.

*g.* Eat slowly.

*h.* Refrain from drinking whilst eating.

*i.* After dinner sit a while; after supper walk a mile.

*j.* Eat when you are hungry, not when it is meal-time.

*k.* Eat only such a quantity that you shall be hungry when meal-time comes round.

*l.* Let your food be proportionate to your work.

*m.* Be temperate in all things.

*n.* Nature loves regularity.

## CHAPTER IV.

### SYMPTOMS OF INDIGESTION.

THE *symptoms of indigestion* are, if possible, more numerous than its causes. It is not too much to say, that every feeling of discomfort, from which an individual suffers, from the crown of his head to the sole of his foot, may be caused by dyspepsia. Some of the more common symptoms are the following:—

1. Flatulence.
2. Heartburn.
3. Depression of spirits.
4. Giddiness and staggerings.
5. Sudden loss of vision.
6. Sudden loss of hearing.
7. Loss of sensation in any part.
8. Palpitation.
9. Irregularity of action of the heart.
10. Hot flushings of face.
11. General cold perspirations.
12. Drowsiness.

13. Sleeplessness.
14. Extreme debility.
15. Retchings.
16. Asthma, or shortness of breath.
17. Cough.
18. Shiverings, either brief or prolonged.
19. Diarrhœa.
20. Constipation.
21. Acid-risings.
22. Water-brash.
23. Pain, even in distant organs.
24. Headache.
25. Excessive dryness or moisture of skin, more or less permanent in character.
26. A chopped, furred, or peeled condition of tongue; or all three co-existent.
27. Eruptions on the skin.
28. Spasm in throat or large intestine.
29. Pains in back.
30. Pains in either shoulder.
31. Burning sensations in palms of hands or soles of feet.
32. Tenderness of eyeballs.
33. Wateriness of eyes.
34. Piles.
35. Angina pectoris.
36. Sordes on teeth upon waking in the morning.

37. Epilepsy.
38. Chorea.
39. Several forms of insanity.
40. Sickening pulsation at the epigastrium.

It will appear from the above list that many of the symptoms enumerated are, apparently, antagonistic in character.

Why should I lengthen this list? To speak succinctly, the symptoms of dyspepsia, like its causes and its results, extend, I repeat, over the whole domain of physic.

## CHAPTER V.

### ACUTE INDIGESTION.

ACUTE indigestion, or bilious attack, as it is usually termed, almost invariably arises from over-indulgence at table. The symptoms of this disorder, nearly every man is, unfortunately for himself, acquainted with, having learned them in the school of suffering. They are nausea, vomiting, a loathing of food, diarrhœa, utter prostration, insomnolence, headache, thirst, feverishness, rapidity of pulse.

The *treatment* is of the simplest character; yet, even in this matter, I am, I fear, somewhat heterodox in my opinions. I contend, that to endeavour to arrest the vomiting—that is to say, to compel the stomach to retain an oppressive load—an irritating burden—is to commit a great mistake. The plan that I, for good or for evil, follow, is to assist the organ in its endeavours to *cast off* its incubus.

CASE I.—One morning, as I was going my rounds, I was requested to visit A. K., a gentleman about sixty years of age, who was, as the messenger stated, vomiting fit to bring his heart up, and racked with pain.

On my arrival at his bedside, his wife entreated me, forthwith, to administer something wherewith to allay his sickness, or he would, she felt satisfied, speedily die.

I elicited from the speaker, that the patient had attended a public dinner on the previous evening, and had partaken plentifully of good things.

I ordered the attendant to bring a large jugful of hot water, and of the fluid I, sorely against the will of the sufferer, administered tumbler after tumbler, until the latter relieved himself by a copious vomit. Almost immediately he exclaimed, "Thank God! I am in heaven now!"

Still, despite his entreaties, I insisted upon his repeating the operation. At the expiration of five minutes from the second vomiting, I gave him a pill containing a fiftieth of a grain of aconitine, and applied, over the stomach, a compress sprinkled with tepid water. On quitting the house I left strict injunctions that he should

partake of nothing, except soda-water or iced-water, until real hunger set in; and departed, promising to visit him again the following day. A. K. called upon me early the next morning. He stated that he had quite recovered; that the rapidity of his restoration surprised him very much, as he had always hitherto expected a bilious attack to last four or five days. "But then, you see, doctor," he added, "they always made me take peppermint to ease my pain, and if I refused to swallow any more, they gave me either a zinc emetic, which scalded me for days, or else mustard and water, which flayed my inside." I declined the guinea he offered me, as I knew he had, lately, fallen upon evil days. He, however, insisted upon my accepting the fee mentioned, on the ground that it was money well spent; would save him ten pounds a year in doctor's bills, as he had learned how to treat himself. He added that, as soon as attacked, he would, in future, try the hot-water plan. I hinted that prevention was better than cure. To this he replied, with a smile, that he must have a feed, now and then, but that he would undo the mischief done as soon as possible.

*Remark.*—I am convinced that the action of hot water, in cases like that above recorded, is of a

two-fold character. It not only effectively washes away irritating matters, but also foments the stomach, relieving the over-distended small vessels thereof. In the case of stomachs of ordinary sensitiveness it induces no unpleasant sensations whatever. With the hyperæsthetic, however, it certainly does leave behind it, for a few hours, a sensation of watery emptiness. In all cases it *minimizes* the amount of suffering.

Case II.—One evening, about nine o'clock, I was sent for to attend upon C. C., a retired tradesman, aged about fifty. I found him rolling on the floor with agony; perspiration, literally, dripping from nose and chin. His attendant informed me that he had been suffering under cramps in his stomach for about two hours, and that neither hot-baths nor turpentine-flannels, nor, in fact, any of the means resorted to, had done him the slightest amount of good.

This was clearly a case in which the relief of pain was the first object to be aimed at. I sent to the nearest druggist's for some chloroform, and this I administered, very cautiously, until my patient obtained ease from his sufferings. I then gave hot water till vomiting occurred. Under the influence of this he ejected a small quantity

of perfectly undigested meat. Almost instantly thereupon he felt relieved.

We made him a shakedown on the floor. I gave him an aconitine pill, and left for the night.

The following morning I examined him carefully. He stood about five feet ten inches, when in his slippers, and was a model of manly development. There existed a general dilatation of the venous system; the liver was somewhat enlarged, and the tongue, which was much furred, appeared as if it had been hacked all over with a minute chopper. He stated that he was, at all times, well enough, provided he did not take either beer, wine, spirits, or solid meat. He added that he seldom took a meal from home, because people worried him by declaring that he was starving himself. That he had dined with a friend that day, and had foolishly eaten a little roast mutton, which had upset him, although he had adopted the precaution of cutting it very fine.

I explained that his was a highly sensitive organism, one that, clearly, could not tolerate stimulants. That whereas he would derive much benefit from animal food taken in the fluid form (as milk), or semi-fluid (as butter), from solid meat he would acquire only harm.

I added that he must strengthen his internal skin by deputy (so to speak), viz., by sponging the surface of his body, from head to foot, with cold water every morning.

Twelve years have elapsed. My patient is one of those satisfactory clients who are content rigidly to follow prescribed injunctions. His diet consists exclusively of fruit, vegetables, boiled fish, bread and butter, plus cocoa or water. He is, he states, always well, though he inherits a ruined constitution from a drunken father.

C. C., very wisely, carefully eschews drugs.

Case III.—One day, as I sat at luncheon, I was requested to visit L. H. instantly, as he was dying of diseased heart, and would most likely be dead before I could reach his house, and his club-doctor was out. I laid down my knife and fork, and walked as briskly as the intense heat of the weather would permit, to my patient's house.

I found him a broad-shouldered, muscular man of sixty-eight years of age. He was suffering the most intense agony. With his right hand he either beat his breast or clasped his left wrist, all the while exclaiming, "Oh, doctor!

Oh, my wrist! Oh, doctor! Quick! My chest! I'm dying!"

I put to his relatives my universal question, as to that which he had recently either eaten or drunk, and elicited that he had just partaken of a full dinner, and imbibed a quart of ale that was a little hard.

I administered hot water until he vomited. He threw up an enormous quantity of imperfectly masticated cabbage. Instantly he expressed his deep joy at the relief given.

Inasmuch as L. H. belonged to the class that refuses to believe in cure without the aid of physic, I ordered him a mixture containing soda, bismuth, sal volatile, and lime water (a dose to be taken every four hours); and took my departure.

At the request of his usual medical attendant, I visited him the following day for the purpose of, if possible, instilling caution into his mind. The action of his heart remained somewhat tumultuous, though he had become, as he stated, a different creature since yesterday. I spent ten minutes explaining fully what he should eat, drink, and avoid. He replied, "Thank'ee, doctor, Mr. C—— told me the same nigh upon forty years ago!"

I confess to having felt very small. This case, that so closely simulated angina pectoris, was simply one of acute indigestion!

Thirteen years have elapsed. The patient is a hale man of eighty.

I have, on many occasions, been struck with the expressions of thankfulness to Heaven that dyspeptics manifest, when suddenly relieved from oppression or pain.

Case IV.—One afternoon, in May, 1868, I was summoned to the house of a butcher to prescribe for the nephew of the proprietor, aged twenty, who was in convulsions.

On my arrival, I found a young man, of very full habit, just recovering from an attack of epilepsy. He had been out, for a day's pleasure, with some associates, and had eaten largely of boiled beef and pickled cabbage, plus carrots, potatoes, rhubarb-tart, and bread and cheese. He had also drunk, somewhat heavily, of bottled stout. Shortly after dinner he was, whilst batting at cricket, suddenly seized with faintness and vomiting. These symptoms persisted till convulsions set in. His friends, very wisely, brought him home without delay, and sought medical aid.

I cautioned him to live sparingly, and upon light food; also to avoid stimulants, irritants, and excitants of all kinds, and, that too, for a period of at least six months.

He rigidly adhered to my instructions.

When last I heard of him, now some five years since, he had experienced no return of his alarming symptoms.

CASE V.—Mary S., aged thirty-eight, wife of a greengrocer, came under treatment in June, 1865. She complained that she felt grumbling pains in the stomach, all day long, and positively loathed the sight of food.

Upon examination I discovered that she possessed one of the tumid abdomens so common to dyspeptics. Her tongue was much coated, and her eyeballs tinged with bile.

She had been a free-eater, and had, usually, taken a heavy supper, late at night. She had suffered much from constipation.

Clearly, this was a case of indigestion, dependent upon an obstructed colon, which pressed upon the gall-bladder.

A brother physician having lately read me a lecture on the disadvantages of mercurials, and the glories of podophyllin, I determined

to ascertain the relative merits of the two drugs in relation to this particular case. First I ordered a brisk purgative of magnesia, salts, and aloes —a small dose to be taken every six hours. This, speedily, dislodged nearly a nightstoolful of hardened motions, some black, some greenish, and some white in colour. I then administered a grain of podophyllin, conjoined to ten grains of powdered rhubarb, on each of the three successive nights. The pains continuing, and both patient and friends becoming anxious, I determined to try the old-fashioned blue-pill, combined with rhubarb. The result was of the most satisfactory character. A large amount of black bile was voided; the discoloration of eye-balls speedily disappeared, and appetite returned.

Case VI.—G. N., a child of six years of age, the son of independent gentlefolks, was brought to me some time in 1862. The parents reported that it, not unfrequently, happened that, shortly after taking food, he squinted, and turned his thumbs to the palms of his hands. Upon inquiry I found that this highly-sensitive little boy, was accustomed to eat from the same dishes as his parents ate; also to drink tea, coffee, and port wine.

I explained to the father that the grave symptoms mentioned were entirely dependent upon indigestion; that they betokened a strong tendency to brain mischief, and that, for the future, his diet must consist solely of the lightest, simplest, and most digestible food; the staple articles thereof being milk, beef-tea, and toasted bread.

The parents promised obedience to all my injunctions. I, however, never again saw my little patient. I heard, some years afterwards, that his friends considered me one of the starvation doctors, and refused to alter their mode of bringing up the child. I gathered that, after suffering much from convulsions, he died of water on the brain, at the age of twelve years.

CASE VII.—H. A., aged seventeen, was staying in Dover in the year 1864. On one occasion, he climbed a very steep hill immediately after dinner. The result was that, upon his descent therefrom, he became faint and ejected his dinner. His stomach did not recover its tone for several days.

I suggested his retirement to bed. To this penance he, however, declined to submit. I

allowed him only spoon diet, and gave him an effervescing draught every four hours. At the end of a week he was quite himself again.

Doubtless the vomiting prevented a serious attack of congestion of one or more of the internal organs.

Case VIII.—W. H., by trade a carpenter, and aged about sixty, consulted me in June, 1862. He had been engaged for two days, repairing an old-fashioned privy. The result was, as might have been anticipated, that diarrhœa, vomiting, cramps in the stomach, headache (that sounded to him like the beating of a drum), heat of skin, thirst, clamminess of mouth, and a slight tendency to delirium overtook him.

I sent him to bed forthwith, and ordered him to lie, with his window open, night and day. I placed a disinfectant in his room, and removed all superfluous furniture. Naturally I feared lest the case should terminate in some form of chronic blood-poisoning. I therefore encouraged, rather than arrested, the vomiting and diarrhœa above-mentioned. I dissolved a couple of drachms of chlorate of potash in about a quart of hot water, and bade him drink of

this until his stomach had, twice, been thoroughly relieved. This very considerably checked the colonic spasms. I then allowed him to enjoy a sound sleep, four hours in duration. I, next, administered half an ounce of castor oil, with which thirty minims of Battley's solution of opium had been well mixed. This I followed, in two hours, with a copious enema of warm water, which very efficiently relieved the bowels. Believing, as I do, that quinine is a powerful antiseptic, I now began to exhibit the drug in one-grain doses (gradually increased to three grains) every four hours.

The following morning he was so much better that I ordered him to rise from his bed, and to spend as much time as possible, on the high-lands that surround the town. I also caused him to inhale a pint of oxygen gas twice daily. He returned to work in about four days, but did not fully recover his health for several weeks. Unfortunately, he was prejudiced against the water-cure. I am satisfied that the use of the pack, would have very materially curtailed his period of sickness.

## CHAPTER VI.

### CHRONIC INDIGESTION.

I NOW come to a disorder, more grave and more difficult of management, than that of which I have just treated, viz., *Chronic Indigestion.*

The causes of indigestion, both acute and chronic, also its symptoms, I have already referred to, so I will now proceed to mention its *results.*

The reader must bear in mind, that, though we are accustomed to speak of the body as being composed of a number of different organs, these organs stand to one another in the relation of the wheels of a watch, or of a steam-engine. If one becomes untrue to its office, the whole machine suffers—if one breaks down, it comes to a standstill.

### *The Results of Dyspepsia.*

Again the whole domain of medicine stares us in the face. For the information of the

reader, I will trace a *few* cases through to their termination :—

*a.* Congestion of stomach ; congestion of liver, leading to congestion of the majority of the abdominal viscera, and terminating in ulceration, or even cancer, of one or more of them. Death.

*b.* Congestion of stomach ; congestion of liver; fatty liver ; fatty heart. Sudden death.

*c.* Congestion of stomach; congestion of liver; rheumatic fever ; diseased heart. Death, near or remote.

*d.* Congestion of stomach ; congestion of liver ; deposits in various organs. Lingering death.

*e.* Congestion of stomach; congestion of liver; rheumatism ; diseased heart ; clot carried to the brain ; softening of the brain. Death.

*f.* Congestion of stomach; congestion of liver; eczema on skin ; sudden accession to the brain; epilepsy. Death.

*g.* Congestion of stomach; congestion of liver; erysipelas. Probable death.

*h.* Congestion of stomach; congestion of liver; congestion of kidneys ; disease of kidneys ; stone in kidneys ; stone in bladder ; operation. Possible death.

*i.* Congestion of digestive organs; congestion of spinal-cord; epilepsy. Death.

*j.* Congestion of digestive organs; general irritation of nervous system; insanity. Death.

*k.* Congestion of digestive organs; congestion of lining membrane of eyelids; eversion of lower eyelids; irritation of exposed eyeballs. Blindness.

*l.* Congestion of digestive organs; leprosy of skin; or chronic spottiness of face.

*m.* Congestion of digestive organs; congestion of lining membrane of lungs; bronchitis; consumption. Death.

*n.* Congestion of digestive organs; bronchitis; asthma; diseased kidneys; diseased heart. Death.

*o.* Congestion of digestive organs and consequent generation of acid; rheumatism of the eyeballs; opacity of the lens; cataract. Blindness.

*p.* Congestion of digestive organs; rheumatism; chronic rheumatism of ears; deafness.

*q.* Congestion of digestive organs; gout, affecting every organ of the body.

*r.* Chronic gastritis; ulceration of stomach or duodenum. Sudden death.

*s.* Congestion of digestive organs; vomiting of blood. Death, near or remote.

Chronic indigestion may be, I think, for convenience of description, subdivided as follows:—

*Slow Digestion*—or simple dyspepsia.

*Undue Acidity* in digestion—dyspepsia with acidity.

*Painful Digestion*—dyspepsia with gastric pain and frequent soreness.

*Foul Digestion*—dyspepsia with fetid eructations.

*Impaired Digestion*, with mental disturbance —dyspepsia in which mental symptoms predominate.

*Feeble Digestion, with clamminess of skin.*

*Indigestion, with irregularity of action of heart.*

*Indigestion, with sordes on teeth.*

### *Slow Digestion*

Occurs more frequently in men than in women, and is, most commonly, found to attack those who follow sedentary occupations. Such individuals are, usually, irritable and fretful. They speak and act—nay, unfortunately, eat also, in a very impulsive manner. They, generally, feel relieved as the day advances, enjoy a heavy supper, and awake, the following morn-

ing, clammy in mouth, and, in no degree, fitted to perform the toil of the coming day.

These men are highly energetic; usually live to a good old age, and do more than a fair share of the work of the world.

### *Acid Dyspepsia.*

This is, by far, the most common form of indigestion. Individuals who suffer from acid dyspepsia are, usually, of the nervous temperament, and both act and speak in a very decided and energetic manner. Their tempers are so hot, as to render them, scarcely to be tolerated, by their neighbours and belongings. The appetite is bad. Sometimes, however, it is voracious. The gnawings in the stomach are, frequently, mistaken for those of hunger—hence food is ingested when, in reality, the stomach is already overburdened. Even their breath smells of acid. Their energy is commonly boundless. Doubtless nature's object in keeping them, perpetually, on the move, is the elimination of superfluous acid from the system, through the medium of both skin and lungs. They are sometimes pale and thin; but, more

commonly, plethoric and gouty. The amount of cold they can endure is astonishing, provided always that they keep on the move. Usually, they wear no more garments, out of doors, than when sitting at their firesides. This, too, they do with impunity. Nevertheless, it behoves them to use caution, as they are very prone to suffer from deposits in various organs—those in the abdomen aggravating indigestion; those in the lungs, as a rule, terminating in phthisis; and each one increasing the natural tendency to the formation of deposits of a similar character. Pleurisy, bronchitis, and peritonitis frequently attack the victims of acid dyspepsia, and are, practically, suppressed rheumatism!

### *Painful Digestion.*

This is a most annoying malady, even when existing in its milder forms—terrible when it assumes a grave type.

The pain usually comes on shortly after taking a meal. The period of its duration is doubtful—sometimes it lasts only a few minutes; more frequently, it persists for several hours.

It is felt in a spot situated between the lower ribs—that is to say, in the region of a mass of

nerve—a small brain, in fact, called the great solar plexus. It, by no means follows, however, that the cause resides in the spot at which the pain is felt. On the contrary, it is the opinion of those physicians who have given their attention to the subject, that the *fons mali* may reside either in the pancreas, or the commencement of the small intestines. My individual experience is, that it may exist in any portion of the alimentary canal that lies on the distal side of the œsophageal opening of the stomach, and that the pain is felt at the spot indicated, simply because it is the seat of the nearest nerve-*mass*. Satisfied am I, that it, not unfrequently, depends upon a congested condition of the solar plexus itself; strumous deposit in the pancreas; superficial ulceration of the mucous membrane of the stomach or small intestines; and nervine atony.

In my experience, this form of indigestion is more common amongst women than amongst men.

### *Foul Digestion.*

Foul digestion is the result of eating food, either too large in amount, or too rich in

quality. Again, the principal sufferers are those who follow sedentary occupations, more especially when they work in rooms, either heated through the agency of gas, or insufficiently ventilated. Journeymen-tailors, also shoemakers, are, markedly, subject to foul digestion. The symptoms do not, usually, present themselves until the lapse of several hours after the cause of the mischief has been swallowed. The process of digestion appears to be arrested half-way—as if the stomach had given up, in despair, the hope of working through its load. Putrefaction occurs, accompanied, of course, by the evolution of volumes of foul gas. There are, coexistent therewith, constitutional disturbances of a very severe character, including headache, nausea, heat of skin, great thirst, foulness of tongue, pains in head, back, and limbs; sometimes nervous tremors or twitchings. Usually, also, there is diarrhœa; the fæces smell almost putrid; nay, the breath and vomited matters possess an odour as of decomposed eggs. If sufferers from foul digestion sleep after partaking of food, a fit of dyspepsia is the almost-certain result. Veal or pigeon pie, or, in fact, any dish containing eggs cooked in a confined space, also eggs boiled beyond due limits,

constitute some of the bitterest foes that sufferers from foul digestion are called upon to contend with.

### *Impaired Digestion, with Mental Disturbance.*

In this form of indigestion, the stomach-symptoms frequently occupy but a very subordinate position, the head-symptoms alone being those of which the patient complains. He consults a physician for his brain, as he tells him. His stomach is right enough, he, not unfrequently, adds, his words proving that almost unconsciously to himself, he is aware of the existence of gastric derangement.

He will, not uncommonly, walk his room continuously—even while he is reporting the details of his case. He is, seldom, without imaginary enemies, many of whom desire to place him in a lunatic asylum.

This is the class of case that is most difficult to deal with. If left to itself, it usually terminates, either in hypochondriasis, or some form of insanity.

Most of these cases depend upon rheumatism, suppressed, yet attacking the encephalon, and

are commonly much benefited by the twofold agency of light diet and vapor-baths.

*Impaired Digestion, with Clamminess of Skin.*

The patient is, usually, slenderly built, has a pale, thin, anxious face, and is frequently, but by no means always, stunted in growth. His shoulders droop from mere inability to hold them up. He is round-backed and hollow-chested. Commonly, he is taciturn and tranquil—once excited, his face lights up with enthusiasm. Talented and persevering, he is one who can go anywhere and do anything. Nothing is too much for him to undertake; no obstacle daunts him. The pabulum prepared by the digestive organs is insusceptible of development into blood, containing the due proportion of red corpuscles.

The sufferings of the victims of this dire disorder, amount, in the aggregate, to a living death. Dissolution is, commonly, the object of their ambition; yet their morality is of so lofty a type as to preclude the idea of self-destruction.

Such persons faint under the pressure either of slight pain, or any form of mental excite

ment. They detest the sight of blood, or the thought of physical suffering. They are wretched sailors, and naturally cowards; yet, once nerved up, will face any odds. One of England's foremost naval heroes must have been a sufferer from this form of dyspepsia.

I regard it as one of the most serious phases of indigestion, on account of its strong tendency to run into consumption. Yet no form of indigestion, is, as will be shown hereafter, more amenable to rational treatment. It is more fatal in women than in men.

*Indigestion, with Irregularity of Heart's Action.*

This, also, is a serious form of dyspepsia; nevertheless, it is perfectly amenable to treatment if grappled with before functional derangement has developed into organic disease. It is more common in men than in women. It seldom sets in before middle life. It usually possesses a history of prolonged antecedent palpitation.

It has several phases, viz.:—

*A. That in which the assumption of the recumbent posture at once tranquillizes the weak and irritable organ.*

These cases are speedily curable under the influence of light diet, mental occupation, obedience to hygienic laws, and the employment of the vapor-bath. Both alcoholic stimulants and purgatives should be avoided. Pepsine, bismuth, and hydrocyanic acid are the drugs to be employed in this malady.

*B. That in which the irregularity of action subsides as the day advances, or, in other words, as the internal congestion inseparable from sleep passes away.*

Sufferers from this form of dyspepsia are, commonly, decrepid in the early hours of the day, but rise almost to the health-standard as evening approaches. They avoid much suffering by remaining in bed, fasting, for two or three hours after rousing from slumber. They decline to retire to rest until the small hours of the morning have arrived. Light diet, gentle exercise, mental occupation, attention to general hygiene, the avoidance of alcoholic stimulants, and the use of the vapor-bath, together form the course of treatment to be pursued.

Cholagogues irritate even to the point of inducing colonic spasms. Natural purgation,

however, brought about by the ingestion of ripe fruit, affords vast relief.

Pepsine, lactopeptine, bismuth, glycerine, hydrocyanic acid, and rhubarb are the drugs usually selected as adjuvants.

*C. That in which the irregularity of action persists during the entire twenty-four hours.*

This is a disorder demanding the serious attention of the physician. Sufferers from this form of dyspepsia can seldom ascend even a flight of stairs without suffering, more or less severely, from dyspnœa. They are acutely sensible of the existence of a weak spot in their organism, hence they live in a state of chronic mental perturbation, and are to be seen constantly examining the state of their pulses. Frequently they faint—occasionally they die—under the pressure of either deep emotion or, for them, severe muscular effort. Now and then they are found to have died tranquilly during sleep; and, when such a calamity happens, it is usually traceable to exceptional indulgence in unsuitable diet.

Light food, gentle exercise, absorbing mental occupation, abundance of sleep, and the avoidance of stimulants, irritants, and excitants are the chief points of treatment to be attended to.

Infusion of digitalis is THE drug to be depended on. It may be administered in half-drachm doses, and repeated at brief intervals. In my opinion, it not only tranquillizes the heart, but also acts as a sedative to the mucous membrane of the stomach, and eliminates much morbid matter, probably rheumatic in character, through the medium of the kidneys. No remedy, however, can rival the Russian bath in the treatment of this form of indigestion. As soon as the patient becomes thoroughly heated, he expresses his sense of relief afforded. Frequently, the irregularity of action of the heart ceases at the same period, nay more, remains in abeyance for many hours after quitting the bath.

I frequently experience some little difficulty in inducing those who manifest a tendency towards faintness, to make trial of the vapor-bath. As a fact, however, they may, with the most perfect confidence, dismiss all fears on the subject. The Russian bath is, in no sense, a depressing agent. Moreover, the recumbent posture, which patients who use this form of vapor-bath invariably assume, precludes the possibility of such an untoward event as the supervention of faintness taking place.

The rapidity with which some individuals, who appear to be in a hopeless condition, in consequence of indigestion complicated with irregularity of the heart's action, rise again, under the influence of the treatment indicated, is scarcely credible to him who has not been an eye-witness thereof.

In my experience, indigestion, with irregularity of heart's action, occurs only when the stage of suppressed rheumatism has been reached.

### *Indigestion, with Sordes on Teeth.*

That this is a serious form of indigestion, is proved by the number of deaths that occur among its victims, when an ailment, usually trifling in character, is superadded to already existing mischief. This is accounted for by the knowledge that it is usually *a sequela of antecedent disease.*

In my experience, it is more common in women than in men, in the proportion of ten to one. The cause is, usually, an inflammatory affection of one or more of the abdominal viscera, terminating in the formation of adhesions. Puerperal peritonitis or cellulitis together constitute the great predisposing causes of the disease.

The treatment consists of light diet, gentle exercise, the prolonged administration of iodide of potassium, combined with orange-peel, cascarilla, or cinchona, and, above all, steady perseverance with the Russian bath.

Blood-poisoning after child-birth is of very frequent occurrence in individuals suffering from indigestion with sordes on teeth.

This phase of dyspepsia is sometimes mistaken for a form of chronic typhoid fever, and, to the detriment of the patient, treated with high living and quinine.

## CHAPTER VII.

### OF HYPOCHONDRIASIS.

VOLUMES have been written on this subject; octavos will yet be penned thereupon; yet I fear that, if we desire to retain our character for truthfulness, we must confess that, after all, we know very little about either its causes or its treatment. It is, commonly, a disease of middle age and advanced life. Sometimes it attacks the young, continues through middle life, and recedes, or even entirely disappears, as age creeps on. It involves great suffering to the patient. It attacks both sexes indiscriminately. It causes the individual to be regarded as "that nuisance So-and-So," or "that crazy old A. B."

During my years of study of indigestion, I, like my predecessors, have, at various times, located the disease in liver, kidneys, pancreas, spleen, stomach, intestines, and, finally, solar

plexus. I now, however, freely confess that my knowledge of the subject is most unsatisfactorily small in amount. That it is, appropriately, named hypochondriasis is beyond question, inasmuch as the greater part of the pain that it induces, is referred to a spot situated under the cartilages of the ribs. Some of its causes are as follow:—

*In Women.*—Most commonly, irritation in some portion of the genital tract—womb and ovaries being the organs usually affected.

*In Men.*—Also irritation in some portion of the genital organs, and commonly intensified, if not initiated, by gonorrhœa or syphilis.

*In both Sexes.*—Tape worms (even in very advanced life), obstructed colon, internal piles, calculi in the gall-bladder, any disorder of the abdominal viscera—strumous deposit in the pancreas being one of them—also mental anxiety, the whole aggravated by an excess of blood, present in the solar plexus.

# CHAPTER VIII.

## INFANTILE INDIGESTION.

I CONSIDER it incumbent upon me, before entering upon the *general* plan of treatment of indigestion in the adult, to write a few lines on infantile indigestion.

It is a law the whole creation through, that the young animal shall derive its nourishment from the mammæ of its *own* mother. (I, of course, employ the word *animal* in the sense in which it is commonly accepted.) The stomach of the infant of the superior animal is constituted to digest *human milk, and nothing else;* that is to say, *animal nourishment, living,* and in its most assimilable form. Now, human milk is extremely watery and very sweet. Infants fed thereupon, usually, grow rapidly, and are both *intelligent* and peaceful. The middle classes, as a body, recognize this fact; not so, however, either the upper or the lower.

The former refuse to give up the pleasures of society, in order that they may attend to the requirements of their infants; the latter, through ignorance of physiology, insist upon feeding rather than suckling them.

The result is—a rate of mortality amongst infants so large, that one cannot contemplate it without dismay. I do not hesitate to affirm that, according to my individual experience (and that experience, to my knowledge, of a, by-no-means, exceptional character), *three-fourths of all the infants that die are killed*—some by mistaken kindness, I freely grant—yet, nevertheless, killed. It is the exception for a child to be born diseased. Physicians find it difficult to bring home to the minds of mothers, either the possibility of an infant starving, though its stomach may be full, or the fact of the future man being, not unfrequently, either made or marred, within the first twelve months of its existence. A well-meaning neighbour comes in, and admonishes Mrs. A——, that her baby is not satisfied, and that she must therefore give it something to eat. Something to eat is accordingly given. The infant soon begins to suffer the torments of dyspepsia—possibly of colonic spasms—and roars lustily. The admoni-

tress now suggests the exhibition of a little soothing-syrup. Soothing-syrup is accordingly administered. As soon as the effects of the sedative have passed away, neighbour Number Two appears upon the scene, and urges the giving of a little port wine. So, at once, the poor little creature, that is unable to tell the tale of its woes, has a wretched mixture of log-wood and beet-root brandy poured down its throat. It sinks into a drunken slumber, rouses in a state of depression, and, of course, yells again. Neighbour Number Three now steps in, declares that the little darling is starving, and almost insists that some sopped bread be given in order to fill its poor little stomach. Sopped bread is accordingly administered. The yells increase. The mother grows fretful, and the father leaves the house in disgust. The child wastes. Eczema — *nature's attempt at cure*— breaks out on its skin, and spreads over the greater portion of the surface of the body. One day neighbour Number Four becomes the medical attendant. She brings the little sufferer a piece of cake. The plum-cake is administered. Convulsions supervene. The doctor is summoned. He makes inquiries; at once divines causes, and gives instructions for future better

treatment. These are fairly well carried out. But, alas! the digestive organs are permanently injured. The child grows to maturity, with enlarged joints, a projecting forehead, sore eyelids, drooping shoulders, a bent back, and a hollow chest. He dies of consumption at the age of thirty!

Let us make another sketch.

A. B. resides in Belgravia. He is born somewhat weakly in constitution, his mother having injured her health by late hours, spent in a whirl of fashion; also, she has usually indulged in a little more alcoholic stimulant than is good for her. Of course she refuses to suckle her infant, as such would interfere with her pleasures. Under the advice of a celebrated physician-accoucheur, cow's milk, goat's milk, and ass's milk, are alternately put on their trial. One morning the physician-accoucheur looks grave, and says that human milk *alone* can save the child's life. A wet-nurse is obtained. She is examined by the physician-accoucheur and pronounced to be, as far as he can judge, in good health. For a time all goes well. Shortly, however, the man of science is again summoned. The child has a constant running at the nose, he turns his

thumbs on to his palms, and has ugly copper-colored spots upon his skin. The doctor now looks very grave indeed; says the child must be forthwith weaned, and must, moreover, go through a prolonged course of physic.

Alas! the tiny patient has contracted syphilis from his nurse. In a few months a little coffin is carried to the house in Belgravia.

Another child is born at the West End mansion above mentioned. Once more the mother refuses to perform maternal duties. The services of the physician-accoucheur are not again sought. Clearly he did not use caution in the selection of the former nurse, so an M.D.-Baronet is called in. A healthy mother is brought from the country, and the child progresses fairly well. He does not exactly *thrive*, but then, who can wonder thereat, inasmuch as she, from whom he draws his sustenance, is continuously bemoaning her absence from her own darlings. As a boy he manifests painfully fierce tempers. As a young man he dislikes the society of his equals—spends his time with jockeys and rat-hunters. "What a bear is young Lord A.!" says Lady B. "And how horribly ugly and common!" adds the Countess of C, in bated tones. "*And how like*

*his wet-nurse, both in face and manners!*" adds the Duke of D. "And cares more for her than for his parents!" chimes in Mrs. Dives.

Yet another sketch!

This is a dear, placid little angel. Its mother is in society, and, of course, therefore, cannot be expected to minister to the necessities of her own offspring. The doctor does not quite like the aspect of affairs, and suggests a change of nurse. Nurse Number Two is imported, but, alas! remains in her new situation but a few days, as the child screams during the greater part of its time. The attendant, unable to explain the meaning of the change, insists upon leaving. The nursery has to undergo a cleansing process; accordingly, the corner-cupboard is cleared out; *a regiment of empty bottles, labelled "Soothing Syrup," are unearthed!* As the infant develops into a child, its relatives discover that it is a semi-idiot!

Now for a brighter picture.

This smiling, happy lady was, formerly, a clergyman's daughter. The lessons of duty, acquired in early life, have, in her case, borne abundant fruit. The master of the house is a physician. The mother permits nothing to interfere with the due performance of her sacred

lighted upon F. H. She informed me that, a few days after last seeing me, she met a teetotal friend, who persuaded her, on the one hand, to abandon the use of alcoholics—also meat, except in very moderate quantities—and, on the other hand, to partake plentifully of vegetable diet, and to drink at least a quart of milk in the course of each twenty-four hours; she added, that she followed her friend's advice, with the result that her milk not only re-appeared, but flowed in abundant streams.

I stumbled across this patient, in London, some five years since; she told me that she frequently, during the periods of successive sucklings, drank as much as two quarts of milk daily; she added that, so long as she continued to do so, she experienced no difficulty in suckling her infants.

It would be unworthy of me, either as a logician or a physician, to measure the universal by the standard of the particular. The details of this interesting case did, however, set me cogitating. Experience has since taught me, that, the number of women who are physically incapable of suckling their infants, provided they are willing to follow the example of F. H., is very small indeed.

What steps must be taken in cases where a mother either refuses to suckle her offspring, or is actually incapable of imparting the requisite amount of nutriment? The plan that must, under such circumstances, be followed, is —*In the absence of Nature, follow on her heels as closely as possible.* The outside foods best calculated to supply the place of human milk rank in the following order:—

1. Ass's milk.
2. Goat's milk.
3. Cow's milk.
4. Anglo-Swiss milk.

I am often requested to express an opinion as to the relative merits of the various kinds of Prepared Foods that are offered to the public, at the present day. I can only repeat that which I have already stated, viz., that an infant's stomach is constituted to digest human milk, and human milk *alone*—that is to say, animal food, *living*, and in the form most easily assimilable—and that, therefore, *vegetable* food, of any kind, must be, and is proved to be, more or less, unsuitable in character. I am frequently told that the constituent elements of the two kinds of food are identical. To this I reply that constituent elements, built in Nature's

laboratory, produce resultants differing widely from those piled up in man's workshop, and that the *universality* of nature's law, in reference to the nourishment of the young animal, proves it to be a matter not to be lightly set aside.

Many individuals point to leviathan-children, fed on irrational principles, and, with apparent reason, ask, how my assertion can be founded on truth whilst we see fed-children develop as such and such a child has grown.

My reply is five-fold in character. It is—

1. If it be desired that a child should develop into an *intelligent*, *superior* animal, let it be fed upon superior animal.

2. It is a mistake to imagine, that because an infant is a mountain of *flesh*, it is, therefore, a mountain of *health* also.

3. The physician alone sees the number of children who die of improper feeding.

4. The death-rate amongst fed infants is ten times higher than amongst suckled children.

5. Though some few possess the vitality necessary to fight against unnatural surroundings; the majority will sink under their weight.

And now arises a further question. It is—What is the best food for infants in cases

where, on account of special circumstances, milk, in sufficient quantities, is unobtainable? I reply that all the Patented Foods *usually* answer *fairly* well. These failing, baked flour or the Patent Corn Flour stops a gap with tolerable efficiency. Any food that has undergone fermentation—and, therefore, *bread*—is to be, as much as possible, avoided. If alone available, it should be scalded at least twice, and the supernatant liquor poured off. Thus the ferment, present in the bread, will be reduced to a minimum.

Are spirits or soothing syrup never to be employed?—I am not unfrequently asked. I reply, *Never*, except under the direction of a qualified medical man; when, of course, they will be called into requisition for the purpose of meeting a temporary emergency, and their use abandoned as soon as the special circumstances that demanded their administration have ceased to exist.

Now let us sketch a few of the results, both near and remote, of improper infant-feeding and consequent indigestion, bringing in its train mal-nutrition:—

1. Indigestion, gradual wasting. Death from actual starvation at the age of four months.

2. Indigestion, intestinal irritation. Death from diarrhœa at the age of six months.

3. Indigestion, irritation of the digestive tract. Death from convulsions during dentition.

4. Indigestion, permanent disorder of the digestive tract. Death from disease of kidneys at the age of five years.

5. Indigestion, rickets, curvature of bones—even of spine, permanent disfigurement. Early death.

6. Indigestion, formation of acid in the digestive organs. Rheumatic-fever, between the ages of six and eighteen. Death from disease of heart at the age of twenty-one.

7. Indigestion, water on the brain. Prolonged suffering. Death between the ages of two and twenty.

*General Hygienic Considerations*, I shall, of course, touch upon in a future chapter.

## CHAPTER IX.

### OF THE INDIGESTION OF YOUTH.

This also is a more serious matter than the indigestion beginning in adult age, for the reason that it occurs whilst the body is still in a state of transitional development, and when, consequently, due nutrition is a matter of primary importance.

The boy is pallid and restless, usually drowsy, and unable to fix his attention upon his studies. His muscles become flabby; he begins to stoop; he appears loose about the knees; is irritable in temper, disinclined to mix in youthful sports, as of yore, and his appetite is uncertain and depraved.

Inappropriate diet, excessive book-work, evil practices, or terror either of the master or a dictatorial fellow-pupil, rapidity of growth, foulness of air, or insufficiency of clothing, are the more common causes of the indigestion of youth.

This form of indigestion is, also, very amenable to treatment. Man has reason to congratulate himself on the existence of this fact, since youth, not age, is the season for successfully fighting the battle with indigestion.

*The treatment* consists in light diet, unlimited sleep, fresh air, a sufficiency of outdoor exercise, daily ablutions, temporary remission of study; also the separation from any cause of terror that may exist.

The principal of every educational establishment should pass through a course of instruction in physiology, chemistry, and practical hygiene.

I hope to see the day when schools shall be registered, and placed under the surveillance of a qualified physician, who shall make a daily visit to each seminary.*

* See a three-page pamphlet on "Education," written by myself.

# CHAPTER X.

## THE TREATMENT OF INDIGESTION IN THE ADULT.

ONCE more the whole domain of practice of medicine lies spread out before us. The various items employed in the treatment of indigestion should, in my opinion, be classified in the following order:—

1—and most important of all—A carefully regulated *Diet.*

2. *Baths — i.e.,* Hydropathy, scientifically applied.

3. *Mental* occupation of an engrossing character.

4. *Hygienic* considerations.

5. *Drugs.*

6. *Galvanism,* scientifically applied.

7. *Oxygen gas* (Inhalation of).

8. *Surgical interference.*

9. *Change of air and scene.*
10. *Sufficiency of clothing.*
11. *Mixing in society.*
12. *Scientific cookery.*
13. *The abandonment of tobacco-smoking.*
14. *The cultivation of music.*

## CHAPTER XI.

### ON DIET.

VOLUMES have been written in days gone by; nay, doubtless, will be penned, in years to come, and that, too, by physicians of eminence, on the subject of diet in dyspepsia. To me it appears that, after all, the subject is included within a small boundary-line. The *rationale* of it all may be summed up in one sentence, viz., "The more nearly one's digestive organs approach, in weakness, those of an infant, the more nearly must the diet approach that of an infant also."

This is a fact, difficult of reception by the public at large; nevertheless, it is a fact, and one, moreover, that any individual may, by calling his perceptive faculties into requisition, observe for himself. Maximinus was accustomed to eat forty pounds of meat, and drink six gallons of wine daily. Tarrare, a Frenchman, could, at the age of seventeen, devour a

quarter of beef in twenty-four hours! I have, myself, seen a Derbyshire coal-miner lay a thick piece of raw steak upon a huge slice of bread, cut the two into fingers, and eat them thus. On the other hand, I can place my index on two middle-aged men (one of whom is a baronet, and consequently in a position, by mere length of pocket, to command every luxury of the table), whom disease has taught, in the hard school of physical suffering, that if they desire to enjoy even an approach to bodily comfort, their diet must consist exclusively of milk.

During the late sad Russo-Turkish War, the amount of food on which the subjects of the Sultan, not only fought like demons, but also enjoyed splendid health, was almost incredibly small.

Dyspeptics must, most rigidly, abstain from the practice of taking suppers. The brain cannot sleep if the stomach be at work; the stomach can work but imperfectly if the brain be asleep. The results of supper-eating are, restlessness, horrible dreams: foulness of mouth, and debility the following morning.

The Grape-Cure has, within the last few years, done marvels to comers from every

nation. Yet, what is its essence? Simply this—That at Durkheim, in Germany, patients prostrated by various forms of disease, are received, and fed—all principally, many entirely—upon ripe grapes; and, with results that are truly astonishing. They recover health with a rapidity that is scarcely to be credited by him who has not witnessed resurrections of the kind. Unfortunately, grapes, at Durkheim, as elsewhere, remain in season for two months in the year only; unfortunately, also, the occurrence of disease is not limited to a certain season, hence this pleasant mode of cure lies within the reach of only a few of the sick ones of Europe.

Fortunately, however, Milk—the grapes of the animal kingdom—remains in season the whole twelve months through. It is a most regrettable circumstance, that so comparatively few individuals can be induced to place full reliance on this all-sufficient article of diet—this truly powerful medicine. I can fully understand a dweller in a large city, refusing to partake of the milk of a cow, that passes its life in an urban shed. I should, myself, refuse to do so; knowing, as I must, that an animal, whose nature is to roam at large in the fields, can no

more retain health under such conditions, than a man can enjoy freedom from disease, if confined in a cupboard both dark and dirty. Yet, I ask, what reason exists for urban-cowsheds in these days of railways and macadamized roads? Certainly the dwellers in agricultural Canterbury may enjoy a perfect immunity from such unwholesome inflictions.

The pea and bean tribe of plants supplies us with food, most nourishing in character. Lentils occupy, probably, the first position in this truly valuable family. It is generally believed that a certain Patent Food, that bears an African name, is composed entirely of lentils, ground to extreme fineness. Yet, beyond doubt, the food in question has saved the lives of thousands of our fellow-countrymen. Why?—*Because it presents to debilitated digestive organs nourishment of a character that is most easily assimilated.*

I have, very frequently, been requested to enlighten patients, as to the comparative digestibility of various kinds of food. I will shortly draw up a table setting forth this matter; yet premising that digestibility is a relative term; also that that which is food to the many may prove poison to the few; and that, moreover,

I write for the benefit of those who are inhabitants—not of foreign countries, but—of the British Islands.

For much of our knowledge in reference to digestion we are indebted to Alexis St. Martin.* He was a Canadian, of French descent; and, in 1822, received a wound in the stomach by the accidental discharge of a musket. His case is unique. Within three months, from the date of receipt of the injury, a natural valve had formed, which, on the one hand, entirely prevented efflux of food, but, on the other, admitted of being, readily, pushed back, from without, by the finger of an operator. From experiments conducted upon him by Dr. Beaumont, his medical attendant, the following facts were obtained:—

| Article. | Mode of cooking. | Time occupied in conversion into chyme. |
|---|---|---|
| | | h. m. |
| Rice .. .. .. | Boiled .. .. | 1 0 |
| Sago .. .. .. | ,, .. .. | 1 45 |
| Tapioca .. .. | ,, .. .. | 2 0 |
| Barley .. .. | ,, .. .. | 2 0 |
| Bread .. .. | Baked (new) .. .. | 3 0 |
| ,, .. .. | ,, (stale) .. .. | 2 0 |
| Sponge-cake .. | ,, .. .. | 2 30 |

* Alexis St. Martin is still (January, 1881) alive. He is far advanced in years, yet, in spite of the aperture in his stomach, *enjoys very fair* health.

| Article. | Mode of cooking. | Time occupied in conversion into chyme. | |
|---|---|---|---|
| | | h. | m. |
| VEGETABLES— | | | |
| Cabbage .. .. | Raw .. .. .. | 2 | 30* |
| Cabbage (Vinegar much assisted) | Boiled.. .. .. | 4 | 0* |
| Potatoes .. .. | Roasted .. .. | 2 | 30 |
| ,, .. .. | Boiled.. .. .. | 3 | 30 |
| Carrots .. .. | ,, .. .. .. | 3 | 15 |
| Beets.. .. .. | ,, .. .. .. | 3 | 45 |
| Turnips .. .. | ,, .. .. .. | 3 | 30 |
| Beans .. .. | ,, .. .. .. | 2 | 30 |
| Parsnips .. .. | ,, .. .. .. | 2 | 31 |
| FRUIT— | | | |
| Apples .. .. | Sour and hard .. | 2 | 50 |
| ,, .. .. | Mellow .. .. | 2 | 0 |
| ,, .. .. | Sweet and ripe .. | 1 | 30 |
| Peach .. .. | Mellow .. .. | 1 | 30 |
| FISH AND SHELL-FISH— | | | |
| Trout .. .. | Boiled or fried .. | 1 | 30 |
| Cod .. .. .. | Cured and boiled .. | 2 | 0 |
| Oysters .. .. | Undressed .. .. | 2 | 50 |
| ,, .. .. | Roasted .. .. | 3 | 15 |
| ,, .. .. | Stewed .. .. | 3 | 30 |
| Bass .. .. .. | Broiled .. .. | 3 | 0 |
| Flounder .. .. | Fried .. .. .. | 3 | 30 |
| Salmon .. .. | Salted and boiled .. | 4 | 0 |
| POULTRY, GAME, &c.— | | | |
| Turkey .. .. | Roasted .. .. | 2 | 30 |
| ,, .. .. | Boiled.. .. .. | 2 | 35 |
| Goose (Wild) .. | Roasted .. .. | 2 | 35 |

* I am inclined to the belief, held by many physiologists, that these figures should be transposed.

| Article. | Mode of cooking. | Time occupied in conversion into chyme. h. | m. |
|---|---|---|---|
| POULTRY, GAME, &c.— | | | |
| Fowls (Domestic) .. | Boiled or roasted .. | 4 | 0 |
| Ducks (Tame) .. | Roasted .. .. | 4 | 0 |
| ,, (Wild) .. | ,, .. .. | 4 | 30 |
| BUTCHERS' MEAT, &c. | | | |
| Soused Tripe .. | Fried or boiled .. | 1 | 0 |
| Pigs' Feet .. .. | Boiled.. .. .. | 1 | 0 |
| Venison Steak .. | Broiled .. .. | 1 | 35 |
| Calf's Liver.. .. | ,, .. .. | 2 | 0 |
| Lamb's ,, .. .. | ,, .. .. | 2 | 0 |
| Sucking Pig .. | Baked.. .. .. | 2 | 30 |
| Mutton .. .. | Broiled .. .. | 3 | 0 |
| ,, .. .. | Boiled.. .. .. | 3 | 0 |
| ,, .. .. | Roast .. .. .. | 3 | 15 |
| Beef (Fresh) .. | Broiled .. .. | 3 | 0 |
| ,, .. .. | Roasted .. .. | 3 | 0 |
| ,, .. .. | Lightly salted and boiled .. .. | 3 | 36 |
| ,, .. .. | Old hard salted .. | 4 | 15 |
| Pork Steak .. .. | Broiled .. .. | 3 | 15 |
| ,, .. .. | Lately salted and boiled .. .. | 4 | 30 |
| ,, .. .. | Stewed .. .. | 3 | 0 |
| ,, .. .. | Roast .. .. .. | 5 | 15 |
| Veal .. .. | Broiled .. .. | 4 | 0 |
| ,, .. .. | Fried .. .. .. | 4 | 30 |
| VARIETIES— | | | |
| Eggs.. .. .. | Raw .. .. .. | 2 | 0 |
| ,, .. .. .. | Roasted .. .. | 2 | 15 |
| ,, .. .. .. | Soft-boiled .. .. | 3 | 0 |
| ,, .. .. .. | Hard-boiled or fried.. | 3 | 30 |
| Custard .. .. | Baked.. .. .. | 2 | 45 |
| Milk .. .. .. | Uncooked .. .. | 2 | 0 |

| Article. | Mode of cooking. | Time occupied in conversion into chyme. |
|---|---|---|
| | | h. m. |
| VARIETIES— | | |
| Butter and Cheese .. | Uncooked .. .. | 3 30 |
| Suet .. .. .. | Boiled.. .. .. | 4 30 |
| Oil .. .. .. | Uncooked .. .. | Rather longer |
| Apple Dumplings .. | Boiled.. .. .. | 3 0 |
| White Calf's-foot Jelly .. .. | Uncooked .. .. | Rather more than 30m. |

Of course, inasmuch as we, in England, are not Canadians by birth, do not reside in the clear though biting Canadian climate, nor feed upon the fruits of Canadian soil, it behoves us to use caution and judgment in applying a standard, like that of St. Martin, to our own requirements. Without doubt, however, this table is, as a whole, susceptible of a near approach to general applicability. If called upon to draw up a table, suited to the requirements of *dwellers in the South of England*, and arranged according to digestibility, I should place my articles of diet in the following order:—

FRUITS.

| | |
|---|---|
| Grapes. Then—after a long gap— | Oranges. |
| Strawberries. | Melon. |
| Pears. | Raspberries. |
| | Mulberries. |

FRUITS—*continued.*

Greengages.
Nectarines.
Peaches.
Pine Apples.
Cherries.
Currants, Red.
,, White.
,, Black.
Gooseberries.
Apples (ripe).
Almonds (blanched) and Raisins.
Figs.
Almond-Nuts.
Barcelonas.
Brazils.

VEGETABLES.

Lentils.
French-Beans.
Scarlet-Runners.
Vegetable-Marrows.
Cauliflowers.
Broccoli.
Peas.
Celery (stewed).
Artichokes.
Spanish Onions.
Lettuces.
Potatoes.
Parsnips.
Carrots.
Broad Beans.
Cucumber.
Herbs containing essential oils, as—
Mint.
Thyme.
Sage.

FISH.

Turtle.
Oysters.
Eels.
Turbot.
Sole (boiled).
,, (fried).
Brill.
Herrings (fresh).
Bloaters.
Plaice.
Salmon.
Cod.
Mackerel.
Shrimps.
Lobster.
Crab.

POULTRY.

Chicken.
Turkey (boiled).
,, (roast).
Duck.
Goose.

### Game.

| | |
|---|---|
| Pheasant. | Snipe. |
| Partridge. | Ptarmigan. |
| Prairie Hen. | Hare. |
| Grouse | Rabbit (Wild). |
| Woodcock. | |

### Flesh.

| | |
|---|---|
| Mutton (boiled). | Beef, Round (roasted). |
| Beef ,, | ,, Ribs ,, |
| Mutton (roasted). | Lamb. |
| Beef, Sirloin (roasted). | Veal. |

### Animal Foods.

| | |
|---|---|
| Butter (fresh).* | Butter (salt). |

### Cheese.

| | |
|---|---|
| Glo'ster. | Dutch (good). |
| Gruyère. | Stilton. |
| American (good). | |

### Farinaceous.

| | |
|---|---|
| Arrowroot.† | Maccaroni. |
| Rice, Ground. | Vermicelli. |
| ,, Whole. | Semolina. |
| Tapioca. | Corn-flour. |

### Preserves.

| | |
|---|---|
| Red Currant Jelly. | Pine Apple Jam. |
| Black Currant ,, | Apricot ,, |
| Greengage Jam. | Red Currant ,, |
| Strawberry ,, | Gooseberry ,, |
| Raspberry ,, | Plum ,, |
| Blackberry ,, | Damson ,, |

* It behoves the dyspeptic to use great care in the selection of butter. Probably no article of diet is more adulterated.

† It is not generally known, nevertheless it is a fact, that high-class arrowroot retains its semi-solidity even when it has been allowed to become cold.

The dyspeptic must make up his mind, when he places himself under treatment, to obey his doctor even against the wishes of friends and relatives. The moment they see him losing flesh, they begin to feel alarmed; apparently, they cannot realize the fact, that the adipose tissue of the sufferer from indigestion, is, usually, unhealthy in character, and that he is better without it;—that it, like the deposits of rheumatism and gout, lies outside the circulation, and as a consequence, practically outside the body also; that Nature's object is to eject it from the blood, inasmuch as if retained therein, it brings death in its train. Seldom, indeed, can they be brought to believe that a few ounces of properly selected nourishment will afford more nutriment than many pounds taken haphazard. Yet such is the fact. A trifling amount of indulgence at one meal, will, frequently, undo the benign work of days of self-denial.

NON-ALCOHOLIC BEVERAGES.

| | |
|---|---|
| Water (if impure, boiled and filtered through charcoal, or, better still, spongy-iron). | Tea (cold infusion of, heated to desired temperature). |
| Cocoatina (Schweitzer's). | Tea (hot infusion of). |
| Cocoa (Epps'). | Coffee with Dandelion. |
| Cocoa (commoner varieties of). | Coffee and Chicory. |
| | ,, (French). |
| | ,, (English). |

NON-ALCOHOLIC BEVERAGES—*continued.*

| | |
|---|---|
| Soda Water. | Seltzer Water. |
| Ginger Beer (aërated). | Beckitt's Fruit Syrups. |
| ,, (as usually sold). | Ginger Wine.* |
| Lemonade. | |

ALCOHOLICS.

| | |
|---|---|
| Brandy (diluted to extreme tenuity). | Gin (diluted to extreme tenuity). |
| Whisky (diluted to extreme tenuity). | Sherry (old and dry). |
| Clarets. | ,, (recent). |
| Light Wines (Continental, high-class). | Rum (diluted to extreme tenuity). |
| | Port (old and dry). |

It is needless to add that, in the preparation of a list, suited to the dimensions of a book the size of that which I am now penning, I can only allot sufficient space wherein to mention the articles of diet in more general use. For the second time, I impress upon my readers that I can deal but with generalities—that, in exceptional cases, the old adage, to the effect that that which is one man's meat is another man's poison, is literal truth.

* Ginger wine contains so trifling an amount of alcohol that I prefer to write of it as a non-alcoholic beverage.

Messrs. William Rankin & Son, wine merchants, of Kilmarnock, sell a high-class rich, pale, ginger wine, which I have found admirably suited to the requirements of dyspeptics.

Messrs. Beaufoy, of London, have sent me a very nice sample of inexpensive ginger wine.

In regard to alcoholics, the dyspeptic may safely adopt the broad principle that the less alcohol he imbibes the better for his digestion. Dr. Beaumont's experiments performed upon Alexis St. Martin, already mentioned, proved that the ingestion of even a very small quantity of this fluid *invariably* induced inflammation of the lining membrane of the stomach. My own observations entirely support those of Dr. Beaumont.

One marked result of the treatment of indigestion, by means of diet and hydropathy, consists in the voluntary abandonment of alcoholics by the patient.

I must not pass from the subject of drinks in dyspepsia without writing a few words on the usual beverages of the breakfast and tea tables.

Schweitzer's cocoatina, when brewed weak, and drowned in milk, is as grateful to a feeble stomach, as it is nourishing to the body. Next in order, comes Epps's Cocoa, then Van Houten's, and, finally, the numerous preparations of the bean, that appear in the market. It is a most exceptional event to meet with a dyspeptic whom cocoatina does not suit. When brewed in strength cocoatina

possesses a bitter taste, and, under these circumstances, sometimes disagrees with the dyspeptic. The process of boiling much increases its assimilability.

Coffee, either conjoined with, or separate from, chicory, scalds the stomachs of the great majority of dyspeptics. Herbert's coffee; also the taraxacum and coffee, are the least irritating forms of the berry.

Tea is, as a rule, most sedulously to be avoided by dyspeptics. Not one in fifty can partake of it without paying a most severe penalty for his indulgence. The symptoms that follow its use are—lowness of spirits, frequently amounting to melancholia; flatulence; foulness of mouth; shortness of breath; insomnia; temporary suppression of urine; tremulousness of muscles; colonic spasms; a scalding sensation in the stomach, and acid risings.

Many dyspeptics absolutely refuse to abandon the use of tea. Under such circumstances, it behoves the physician, to devise means by which the injurious effects of the beverage may be reduced to a minimum. This object is, in my opinion, most easy of attainment, by using high-class leaf, and infusing it with *cold* distilled

water. The latter being unattainable, I recommend the substitution of rain-water, boiled, allowed to stand till cold, and then filtered through charcoal or spongy-iron. The infusion may be heated, as required, to the desired temperature. By the employment of these means a considerable amount of flavour is obtained, yet conjoined with the minimum of astringent principle.

It is seldom necessary to allow the water to remain on the tea for a longer period than two hours.

Another plan is to infuse the tea with hot water in a coffee-percolator, and to drink the infusion as soon as it has passed into the receiver.

A third is to pour the infusion into a second teapot five minutes after infusing the leaf.

Messrs. Phillips and Co., tea dealers, of King William-street, London, also Mr. Scott, tea dealer, of Canterbury, have afforded me valuable aid in experimenting with various kinds of tea. Both firms have sent me fine specimens of leaf. The Kaisow Congou of the former; and the blend of Kaisow Congou with Assam Pekoe, supplied by the latter, are, to my judgment, particularly little unsuited to the sensitive

stomachs of dyspeptics. Messrs. Phillips have also sent me a specimen of dandelion-coffee. This appears to be a considerable improvement upon the crude berry. It is not, however, palatable. Possibly this insufficiency may be, in due course, remedied.

THE MODE OF COOKING the food of a sufferer from dyspepsia is a matter not to be lightly passed over. Thus, meats should be placed on table, either hot or cold, roasted, boiled, or steamed—never baked, never twice cooked, never cooked enclosed in a crust. In the case of pastry, the fruit should be prepared separately from the crust, and spread upon it shortly before eating.

The cooking utensils must be kept scrupulously clean. The mistress of every household should charge herself with the surveillance of this very important matter.

No doubt exists as to the truth of the assertion that digestion begins in the kitchen. One might, indeed, go much further back even than this.

# CHAPTER XII.

## BATHING.

A BRIEF sketch of the skin and its functions, is a necessary introduction to the hygienic consideration of the question of indigestion.

The skin is composed of three layers, viz., the Epidermis, or covering; the Basement Membrane; and the True Skin.

The last is that which, principally, concerns us, at the present moment. It covers the whole surface of the body, and is liberally supplied with blood-vessels and nerves. These endow it with acute sensibility, and enable it to excrete fluids from its surface. It possesses the threefold power of tension, extensibility, and contractility.

The Perspiration is derived from the *sudoriferous* glands. These exist in almost every portion of the skin, and discharge their contents through openings, or *pores*. High authority sets down the number of *pores*, of an ordinary sized body, as

7,000,000; and the length of tubing that composes these glands at twenty-eight miles. The average quantity of perspiration cast off by the pores is believed to amount to two and a half pounds in the course of twenty-four hours.

A vast amount of impurity is eliminated by the skin. It is, in fact, one of the sewers of the body. In consequence, however, of the variations in atmospheric influences, and also of the insufficient use of the bath, it is a most rare occurrence, to meet with an individual, whose skin discharges its functions with, even, medium efficiency. The result is, that much work to which they are unsuited, is thrown upon the internal or mucous membranes, congestion of which, as a natural result, follows.

Mucous membrane very nearly resembles skin; so closely, indeed, that if everted and kept dry, it speedily assumes the characteristics of integument. On the other hand, skin, if inverted and kept moist, speedily puts on the appearance of mucous membrane. The whole of the skin secretes an acid humour; the whole of the mucous membrane of the alimentary canal, with the exception of that of the stomach, gives birth to one that is alkaline.

Even in health, but more particularly in disease,

the due performance of the functions of the skin, is a matter of primary importance. The investing membrane is the regulator of the temperature of the body; and also the principal safety-valve for discharge of diseases or disorders of the internal organs. Whatever affects either of these membranes, indirectly influences the other also.

Theoretically, it is a matter of paramount importance that the functions of the skin should be maintained in a healthy condition. This is found, practically, to be absolutely true.

The skin of the adult, is, when in a state of health, almost as soft as that of a young child. Let us, however, examine the integument of almost any individual, and we find it in the opposite condition to that in which it should be. Nature has, however, provided a remedy, as abundant as it is inexpensive, for this universal disorder. This is Water, used at various temperatures, and applied by hands that have studied the profession from its first rudiments. I have no faith—and that, too, not without reason—in amateur hydropathy. I am satisfied, that, unqualified aspirants to hydropathic honours inflict not only temporary pain, but also permanent mischief upon their too-reliant patients.

I recommend every sufferer from indigestion to

try, in his own person, the two experiments now to be suggested.

1. Let him enter a water-bath, the contents of which, have been raised to a temperature, as high as he can comfortably tolerate, and let him invite a second person to knead him thoroughly, whilst reclining therein, from head to foot. As a result, the amount of impurity, that the operator will extract from the pores of the bather, will be so large that the patient will shudder with disgust; or

2. Let him get into a bath of similar character, and both soap and scrub himself thoroughly, the latter, either with a rough-glove or a flesh-brush, also from head to foot. After the lapse of fifteen minutes, let him leave the bath. When sufficient time has passed by to permit of the subsidence of solid matter, let him pour away the water, leaving only the dregs in the bath. He will stand astonished at the quantity of impurity that he has removed from the surface of his body.

Surprise, No. 3, will be his portion, when by passing his hand gently over his skin, he realizes the velvety softness of surface that he has acquired.

Should he, after immersion, feel weak and exhausted, he may restore himself to his pristine

strength, either by taking a shower-bath, or sponging, with cold water, from head to foot.

If one of my readers desires to prove, *in propriâ personâ*, the tonic powers of water, used in its natural condition, let him try one or more of the following experiments:—

1. Let him plunge into cold water, and come out therefrom, as speedily as possible; or

2. Let him take a shower-bath three seconds of time in duration. Or, fearing either of the above courses,

3. Let him request a friend, the latter having caught him whilst sleeping, to let fall upon his face a single drop of cold water. He will thus discover that, as soon as the water touches his skin, a sensation of intense coldness will be induced, which coldness will, however, after the lapse of a few moments, be succeeded by a glow, more or less permanent in duration.

If, as the hour of refection approaches, he feels totally disinclined to eat, let him take a vapor-bath, followed by the cold sponge or the cold shower. By these means he will relieve internal congestion, and, in all probability, feel that he can enjoy a good meal.

If appetite fails to return, he may rest assured that his system does not stand in need of food.

If a dyspeptic partakes freely of indigestible food—say meat-pudding—or drinks a couple of glasses of port wine, he frequently finds that a sensation of general flaccidity, accompanied by a feeling as of greasiness of skin, overtakes him. Let him, under these circumstances, sponge from head to foot, or, even, sluice his face with cold water, and apply a large sponge, partially wrung out, to his abdomen, retaining it in position for about fifteen minutes. He will find, as a result, that his unnatural sensations have been, to a great extent, removed.

When heated and applied to the skin for a brief period—say, two or three minutes—water draws the blood to the surface; if maintained in contact therewith, for a prolonged period—say fifteen to twenty—it is a powerful depressant. If applied cold, and for a duration of a few minutes only, it is a vigorous tonic; but if applied for a long period, it becomes an energetic depressant.

Beyond question, every individual living, ought, if he regards the preservation of his health, to wash from head to foot, daily, upon rising from bed. The mucous membranes are continuous with the skin, and, as already stated, are very similar in structure. Whatever affects the one, necessarily, therefore, affects the other.

An old proverb asserts that the man who laughs, must, of necessity, and as a consequence, grow fat. This statement, contains, however, but partial truth. The fact is, that the individual who will take the trouble to get his digestive apparatus into good working order, will not only acquire reasonable rotundity, but will also become more or less hilarious.

The Forms of bath most useful in indigestion are—

1. The Russian vapor-bath.
2. The Turkish-bath.
3. The Hot-air-bath.
4. The ordinary Steam-bath.
5. The indoor portable Turkish-bath, as it is generally called.

I have arranged them in order of merit. The last I scarcely care to mention, (1) Inasmuch as it is too feeble to be productive of real benefit; and (2) because, within my personal knowledge, it has, in more than one instance, become the means of setting fire to the surroundings of the patient.

*Cold baths* I classify as follows:—

1. The Cold Plunge fresh-water bath.

Advisedly, I write *fresh* water, it being my experience, after a prolonged residence in Dover,

Folkestone, and Hastings, that *salt*-water baths do not suit dyspeptics.

2. The Shower-bath.

This is a most invigorating tonic in cases where the shock it induces can be tolerated.

3. The Sitz or hip-bath.

This also is a tonic of no mean power. It is most serviceable in cases where the debility appears to be confined to the lower parts of the body, as, *e.g.*, in cases of congestion of the hæmorrhoidal veins, and in prolapsus of the womb or bowel.

4. The Hand-basin-and-sponge bath.

The last-named is the most useful, because it is at all times obtainable; because inexpensive; and because, in no degree, calculated to impart a shock to the nervous systems of dyspeptics, the enormous majority of whom are keenly sensitive. It does not possess the power to unload a blocked skin, but it will maintain it, when unloaded by more powerful measures, in reasonably good working order, enabling the pores to open at the approach of warmth, and to close at the approach of cold. Cold baths of all kinds, are great safeguards against the taking of a chill. Only those individuals who feel in a glow upon emerging therefrom should resort to the use of

the cold bath. When the latter causes blueness of surface, shiverings, or temporary death of extremities, it must not be taken. In such cases the patient may warm the water he employs, according to his requirements.

A course of Vapor-baths will, usually, speedily put a point to the unhealthy condition of skin just recorded.

The Ascending Douche is most useful in cases of prolapsus of the bowel or womb, also in piles, thread-worms, and inability to retain urine for the normal period, and impotence dependent upon nervine atony.

The sensitiveness of every portion of the individual is directly proportionate to the sensitiveness of his digestive organs.

I so frequently mention The Russian Bath in my pages, that it behoves me, I take it, to write a few lines in reference both to the mode of construction and the therapeutic action of the apparatus.

The Russian vapor-bath consists of a wooden chamber, about six feet in length, three in depth, and six in height. It is lined with metal, and contains a galvanized-iron couch. Upon this couch, when covered with blankets, the patient reclines. It is provided with windows, also with

a ventilator. Owing to the existence of the latter, the patient is enabled to bring the temperature of the bath into harmony with his own sensations.

Upon emerging therefrom, he may proceed to cool himself by means of either the needle- or the shower-bath; or, if he prefer so doing, may sponge thoroughly with warm or cold water.

The head of the patient being included in the bath, the lining membrane even of the nasal passages, throat and lungs, is exposed to the healing action of the vapor.

It secures a uniformity of perspiration, and that, too, at a temperature rarely exceeding 115°.

A resort to temperatures so exalted as 150°, 160°, 170°, as is the case when the Turkish-bath is employed, is never found necessary.

One patient only is bathed at a time, hence all fear of inspiring infection is done away with.

The bath is, contrary to popular belief, *in no sense*, a depressing agent. By withdrawing impurities, which are causes of depression, it becomes a most invigorating tonic.

The process of taking a bath occupies only about half an hour. Hence, individuals whose time is, already, fully occupied, such as heads of business-houses and mothers of families, are not debarred from its use.

Inasmuch as the patient assumes the recumbent posture, whilst in the bath, all tendency to palpitation or faintness is done away with.

It is arranged in such a manner as to admit of the addition of medication, as with sulphur or herbs; or the use of electricity.

By unlocking the pores of the skin, it removes all sensation of chilliness; it renders the patient intolerant of excessive clothing; and, *usually*, destroys his craving for alcoholic stimulants.

I may add that I have succeeded in perfecting a cupboard-form of the bath, which takes to pieces, and thus becomes portable. The result is, that individuals who are too infirm to travel to it, may have it carried to them. Gas, or, when that is unobtainable, Gasoline, forms the heating agent in this case.

In conclusion, and *en passant*, I may mention that the Russian-bath is as potent an engine for good in the treatment of rheumatism and gout—each the offspring of dyspepsia—as it is in the alleviation of indigestion itself.

The uninitiated are somewhat apt to assert, that hydropathic treatment is, from its very nature, susceptible of but extremely limited application. Now, whilst freely admitting that such gigantic appliances as the Russian and

the Turkish-bath lie only within the reach of the few, I must, nevertheless, remind the complainant that the greater portion of the water-treatment is within the reach of every man. Thus—Who cannot apply the pack in his own bedroom? What man is unable to resort to the use of the compress? Who is debarred the hot-water bath? What individual is so straitened in means as to be unable to extemporize a vapor-bath of no mean power, by the simple process of placing a heated brick in a pailful of hot water? or so empty in purse as to be compelled to forego a hot-air bath called into existence by seating himself a little above the level of a couple of bricks heated and laid across the stand of a flat-iron? Again, is the soap and water bath a luxury of the rich man alone? Or the cold sponge-bath an appliance forbidden to the million? Will not even a hank of tow, or a discarded stocking, do duty for a sponge? The *fact* is, that water-medication is as generally applicable as it is potent and inexpensive.

# CHAPTER XIII.

## MENTAL OCCUPATION.

THE *curse* of Work, was one of the many blessings conferred, in a disguised form, by the Deity upon man, at the time of his Fall. No class of men suffer more heavily, under the depressing influence of idleness, than the dyspeptic. With them, occupation, of such a character as shall *engross* not only their thoughts but their time also, leaving no idle hours wherein to brood over their ten thousand unpleasant sensations, is a matter almost of life, certainly of comfort. Industry generates an electrical fire in the brain, that sends nerve-force to the fingers' tips, bearing renewed life in its current.

It is, of course, desirable that the prescribed occupation should, if possible, stop short of overtaxation of the physical powers of the individual; still—better even excess of toil

than destructive idleness. Their rest should consist in a variation of occupation.

They must carefully avoid the perusal of professional literature, as they are certain to consider themselves the victims of every disease of which the volume treats. Light novels bore them; they cannot condescend to such trivialities. Works treating of history and science are commonly the mental pabulum best suited to their requirements.

# CHAPTER XIV.

## HYGIENIC CONSIDERATIONS.

*Pure Air.*—This is a most important matter. The more nearly a dyspeptic can live in pure air, the less he will suffer. If he can, without taking cold, even sleep with the upper sash of his window lowered to the extent of two or three inches, it is very advisable that he should do so. A residence out of town is, when possible, to be secured.

He should refrain from burning gas either in bed- or sitting-room. If compelled to use it in his office, he should take care that the gasalier is arranged in such a manner that the products of combustion may either ascend a chimney or pass through perforations in the ceiling, so as to be, at once, conveyed to the exterior of the premises. The days of electric-lighting will be happy for the dyspeptic.

The obtaining of fresh air, *without* draught,

and, at a minimum of expense, is, at all times, a difficult problem to solve. The most inexpensive plan is, to raise the lower window-sash about two inches, and to place beneath it a piece of wood exactly filling the opening thus created. By these means the air enters between the two sashes, and is directed upwards to the ceiling.

Heavy furniture should not be placed in front of a window. Practical experience demonstrates the fact that the upper sash is never lowered unless it is get-at-able. In cases where such an arrangement proves inevitable, an endless rope, knotted to a staple affixed to the top of the frame of the sash in question, passing over a pulley screwed into the top of the casement, and hanging within *easy reach* of the hand of a domestic, proves a great inciter to the admission of fresh air.

*Sewer Gas* is destructive to the sufferer from indigestion. He should take steps to ascertain that no uninterrupted communication exists between the main drainage and the interior of his premises. His sewer-pipes should be placed outside his house, and made of earthenware. Even the joints of the rain-water pipes should be most carefully stopped, and that, moreover,

to the very roof of the house. It is most important, in these days of lax building, that the head of each family should ascertain for himself that they are all properly connected with the sewers. Drain pipes should not be laid underneath the house, but should pass along both the back and the front thereof.

Water-closets have no right of existence whatsoever inside dwelling-houses—certainly they should not be tolerated near dormitories. If placed within the outer walls, a ventilating shaft should be carried from a point below the valve of the soil pipe to the highest line of the roof. This shaft should not be attached to a chimney-stack lest it prove the means of admitting foul gas to a dormitory through the medium of the chimney of the apartment.

Let us do what we may, water-closets will frequently smell, more particularly during the occurrence of rainy weather. The one safe course is to place them outside the house.

The traps of drains should be kept, at all times, in their places. No refuse-matter, either animal or vegetable, should be permitted to remain in or near the premises. All such should be thrown on to the fire and destroyed, as soon as *it becomes* refuse. No live-stock should

be allowed to dwell in proximity to the house. The house should be surrounded by grass and flowers, and, at a short distance, by trees also, because the vegetable kingdom absorbs impure gases and gives out oxygen. Clothes-washing should be done on the premises, thus avoiding the probability of contamination at the dwelling of a laundress.

The house should stand either on gravel, chalk, or sand, and in an elevated position; in no case, either upon clay or upon a site that has been, at any known period, the abode of impurity, such as, *e.g.*, a rubbish-heap or a dried-ditch. It should face south; and, if situated in a town, should stand at the western end thereof. It should also be sheltered from both the east and the north wind. The water-supply should be obtained from the works of a public company, never from a well, inasmuch as well-water is usually found to be contaminated with percolations from factories, cesspools, or churchyards. The drinking-water cistern should be made either of galvanized-iron or of slate, and should be kept carefully covered. It should be placed within easy reach of the members of the household, thoroughly cleansed at intervals not exceeding three months, and its locale should be, as far

distant as possible, from a water-closet. The over-flow pipe must have no direct communication with the sewers.

Even spring-water frequently receives contaminations as it flows; hence, in country districts, if doubt arise on this point, rain-water, boiled and filtered through charcoal, or, and better still, porous iron, should be used, not only for drinking, but also for cooking purposes.

No *Paper* should be allowed on the walls of rooms. They should be washed with a solution of slaked-lime, colored according to taste.

The admission of plentiful *Light* is a matter not to be overlooked. Neither animal nor vegetable can flourish in the absence thereof. The Italian proverb, "Where the sun does not come the doctor does," is literally correct. Blinds should be drawn to the top of the windows, and curtains thrown back.

*Excessive heat*—either fire or solar—is extremely enervating to the dyspeptic. During the hot months of the year, he should dress in white outer garments, and wear a light hat made of straw, undyed and loosely-plaited. He should avoid heated and crowded rooms, and should, frequently, have recourse to the bath. Venetian

sun-shades are a great comfort to a sufferer from indigestion.

He should spread out all his bed-clothes to air, the moment that he leaves his bed. At night, he should hang up all his day-attire for the same purpose. On the other hand, he should be careful, during *cold* weather, to keep his chest—but more particularly his abdomen—well protected. He need not, as a rule, irritate his skin by wearing a *flannel*-vest next thereto, provided that he uses the bath daily. Merino vests, also chamois-leather, are very useful. Chilly dyspeptics may wear the furry skins of animals or the fleecy-wool hosiery.

Cork-soles worn in the boots will shield the dyspeptic from many an attack of indigestion.

Those inclined to suffer from rheumatism will avoid much trouble by wearing Cording's waterproof boots during snowy or even very rainy weather. It is advisable, under these latter circumstances, to wear woollen stockings conjointly with waterproof coverings for the feet. It is preferable that not only the waistcoat, but the upper portion of the trousers also, should be lined with cricketing-flannel.

*Tobacco* is a narcotic, sedative poison, and should not be used by the dyspeptic. That it destroys appetite, by paralyzing the minute ex-

tremities of the nerves of the digestive tract, is an established fact. These nerves are far too highly organized to endure, without reprisal, tampering with in such a manner. The sickening process through which smokers pass during their early attempts to reach brevet-rank, tells a long tale as to the antagonism that naturally exists between tobacco and the human economy.

## CHAPTER XV.

### DRUGS.

DRUGS should, in the treatment of indigestion, be, as much as possible, dispensed with. The dyspeptic invariably possesses a highly sensitive digestive tract, lined with membranes that are, usually, intolerant of medicines. Consequently, he should refrain from taking physic, except under medical supervision. Yet drugs, *when exhibited by skilled hands*, are, undoubtedly, valuable *accessory* means—nay, will in many cases alleviate, in the few, cure.

The drugs most commonly used for the cure of dyspepsia are—Pepsine, the digestive principle of the gastric juice; ginger, rhubarb, ipecacuanha; bismuth, opium, hydrocyanic acid; ice, morphia, and carbonic acid; soda, potash, and magnesia; tincture or infusion of orange, of cascarilla, of calumba, of gentian, of hops, of chiretta, and of cinchona; quinine; salicine;

nitric, hydrochloric, phosphoric, citric, and sulphuric acids; phosphorus, strychnine, morphia; iron—more especially the ammonio-citrate, the ammonio-tartrate, and the lactate; cod-liver oil; sulphuric ether and ammonia; hyposulphite of lime, permanganate of potash, and carbolic acid; wood charcoal, silver, zinc, aconite, pure oxide of manganese; mineral waters. Castor oil, with essential oil of almonds; colocynth; rhubarb pill; sulphur combined with magnesia and ginger.

The difficulty that meets us in the treatment of indigestion by means of drugs, is, that their action varies with individuals—nay, with the same individual at different seasons. I confess that I have not yet succeeded in discovering a test, by means of which to prophesy, for certainty, whether acids or alkalies will prove the more appropriate remedy in a given case. In fact, I generally put to each patient the leading question: "Do you crave for sour things?" If he answer affirmatively, I begin with acids; if negatively,—and this happens in the great majority of cases—I administer alkalies. Doubtless all physicians have their favourite formulæ. I, certainly, have mine. A few of these I shall give on future occasions.

*Alkalies* are especially indicated in cases of acid dyspepsia. Soda is very grateful to the stomach; it also induces a slight secretion of bile. Potash is useful in cases of extreme acidity, where lithates appear in the urine; in all cases its exhibition should be, as soon as possible, suspended, as, if given in excessive quantities, it is likely to burn, so to speak, the mucous membrane of the stomach. Magnesia is not only an antacid but a sedative also to the lining membrane of the stomach. These drugs should be administered in carefully-graduated doses, lest excess of them *more* than neutralize existing acid. They should be given at the moment of greatest suffering from acidity, and this period usually occurs from two to four hours after meals. Unfortunately, the taste for alkalies becomes a growing evil.

*Pepsine* is one of our most valuable remedies. It is an assistant digester—literally, a pony that helps a diseased cart-horse to do its work. Ginger is a most useful stomachic; rhubarb is the best tonic to the stomach that the pharmacopœia holds out to us. Many a sufferer from indigestion, experiences vast comfort, from chewing a morsel of the root, the size of a pea, several times daily. Bismuth, opium in small

doses, hydrocyanic acid, carbonic acid, also ice, swallowed in tiny fragments, sometimes prove charms in cases of irritable mucous membrane. The vegetable tonics—orange-peel, hops, calumba, cascarilla, gentian, chiretta, salicine, cinchona, and quinine—are occasionally valuable, more particularly when administered in conjunction with either acids or alkalies. Phosphoric, nitric, citric, and hydrochloric acids are useful tonics. The various preparations of iron appear to be especially indicated in those cases where extreme pallor of face shows that the digestive organs do not possess power adequate to the generation of the red corpuscles of the blood in due quantities. It is better to begin with small doses of the mildest form of the drug—say one grain of the lactate—and, after a time, to pass through the ammonio-citrate, and to finish with the ammonio-tartrate. Steel wine is frequently found useful. The tincture of steel but rarely suits a sensitive lining membrane. *Pancreatic-Emulsion* is a medicinal food, through the instrumentality of which, other articles of diet become assimilable. Its employment is indicated in cases where loss of digestive power, followed by loss of flesh, are foremost symptoms. It is especially serviceable when cod-liver oil cannot

be tolerated, also when the functions of the pancreas become, from any cause, suspended. Cod-liver oil, either crude, or in the form of jelly or hydrated oil, is both food and physic, when it can be borne. It is necessary to begin with tiny doses, and to increase them very cautiously. Zinc is a tonic, but, in my opinion, not of much value in dyspepsia. In small doses it is valueless, in large it is apt to induce much burning pain in the stomach. Oxide of silver, also nitrate of the same metal, are considered by some to be valuable sedative tonics. Vegetable charcoal, reduced to the form of biscuits, such as those manufactured by Messrs. Bragg, of London; permanganate of potash, and carbolic acid are highly serviceable in cases of fermentative dyspepsia.

A feeling of relief comes over me as I begin to write on *Strychnine*. It is one of the very few drugs, used in indigestion, the therapeutic action of which may be, with tolerable accuracy, foretold. Almost every case of dyspepsia is accompanied with a greater or less amount of nervine atony. Strychnine is a most powerful nervine tonic. At the same time it is usually a non-irritant; hence, both in theory and practice, it meets the requirements of the dyspeptic.

It should be administered in very small doses. *Small* is, indeed, scarcely the term to apply. I ought rather to write, in doses that are absolutely homœopathic. Years since, a gentleman, prematurely aged through domestic anxiety, derived vast benefit from the exhibition of the five-hundredth part of a grain of the alkaloid, three times daily. His is, by no means, a unique case. It is generally found necessary to extend its exhibition over a prolonged period —three or four months, in fact. It should always be given in the form of a pilule, scientifically coated, and, consequently, rendered tasteless; inasmuch as, in any form other than that mentioned, its intensely bitter taste proves most irritating to the palate of the dyspeptic.

The usual dose of strychnine is the thirtieth, fortieth, or fiftieth part of a grain. It should be taken immediately after meals. Its use is *especially* indicated in the large subdivision of cases of indigestion, that are accompanied by neuralgia, chorea, or great depression of spirits.

*Aconitine* is, also, a drug of considerable value in the treatment of indigestion. It is a powerful nervine sedative, and, of course, called for in those cases that are accompanied either by pain or acute nervous irritability. It may be admin-

istered either in combination with, or separate from, strychnine. The fiftieth of a grain usually suffices to afford relief. This drug may, like strychnine, be obtained from respectable druggists, in the form already mentioned. Strychnine and aconitine are, in my opinion, the two pharmacopœial crutches of the dyspeptic.

*Phosphorus* is useful in those cases of indigestion that have prostrated the nervous systems of the sufferers. Many years ago, Dr. Pereira wrote of it: "After its absorption it acts as a stimulant to the nervous, vascular, and secreting organs. It excites the mental faculties and the sexual feelings, raises the temperature of the skin, increases the frequency of the pulse, promotes the secretions, and operates as a powerful sudorific and diuretic. It is administered as a stimulant to the nervous centres in convulsive and old paralytic cases." It cannot, in my judgment, take rank with strychnine as a permanent improver. It is an anodyne as much as, if not more than, a tonic. Useful adjuncts to phosphorus are strychnine and quinine.

Tincture of opium is a valuable medicine in cases of hyperæsthesia of the stomach, more

especially when complicated with asthma, and dependent upon irritation in the medulla oblongata. It is usually found necessary to administer it in full doses.

*Purgatives* are seldom admissible in the treatment of indigestion. The lining membranes of the dyspeptic are in a condition, much too sensitive, passively to tolerate their presence. Even when they afford temporary comfort, such relief is followed by an aggravation of original symptoms. The least injurious of them are almond-oil, olive-oil, castor-oil (the last combined with small doses of liq. opii sedativus), magnesia, sulphur, confection of senna, and Tamar Indien. I never travel beyond these confines when a patient insists that I shall prescribe a purgative; indeed, the avoidance of purgatives constitutes a primary element in my plan of treatment of indigestion. Fortunately, diet and hydropathy supply us with all the means of purgation that we usually require. Fruit, vegetables, stewed-prunes, stewed-pears, brown-bread, oatmeal-porridge, ginger-bread, or rhubarb-jam usually effect the desired object. Even the last named I seldom employ, as I find that the oxalic acid which is a constituent element of rhubarb frequently acts as

an unendurable irritant. I recommend every dyspeptic to make trial of the Whole Meal-Bread, before resorting to the use of purgatives. It frequently induces an alvine evacuation, when drugs have failed so to do. It is, however, desirable that the meal should be ground much finer than is commonly found to be the case.

Kneading the abdomen should not be omitted before recourse is had to purgatives.

Mineral waters, some dyspeptics find useful as purgatives; to others, the taste of them is particularly repugnant. A third of a tumbler of cold-water, taken before breakfast, and repeated twice or three times, at intervals of six hours, frequently proves advantageous.

A current of *Electricity*, passed from tongue to anus, often proves of essential service in indigestion complicated with constipation. In hydropathy, however, the physician's strength lies. An enema of soapy water, used either warm or cold, seldom fails, when properly employed, to procure an evacuation. It is, unfortunately, frequently but imperfectly applied, hence it unjustly acquires the reputation of producing little or no benefit. The object to be aimed at is to *fill* the large intestine—

employing two quarts or so for the purpose. Thus used, its success is, commonly, predetermined. There are, however, many individuals in existence to whose feelings, both mental and corporeal, the use of the enema is absolutely repugnant. Let such make trial of the following means:—

1. Dipping the hips into and out of a deep sitz cold bath for about five minutes; or,

2. Taking a sponge in either hand, dipping one into hot and the other into cold water, and applying them alternately, for a few seconds, first to the abdomen, then to the loins; and continuing the process for about ten minutes; or,

3. Irrigating the perineum twice or thrice daily, and for five minutes at a time, with the ascending-douche. If the patient possess a bath-room it is only necessary to affix to his cold water-tap a vulcanized tube, terminating in a galvanized-iron elbow, fixed to a base, and surmounted by a rose. This can be placed at the bottom either of a sitz, or a large chamber-utensil, and he can sit over it.

These means, when persevered with for a reasonable period, seldom prove inadequate to the obliteration of constipation.

Constipation must, by no means, be regarded

as *invariably* a disease. Experience has taught me that it is the nature of some individuals to have but infrequent evacuations. In this case purgation invariably aggravates indigestion.

## CHAPTER XVI.

### GALVANISM.

I USE this agent principally in cases of constipation. I apply one pole of the battery to the tongue—the other to the anus. I have not found it necessary to introduce a rheophore into the bowel. Dyspeptics are, invariably, preternaturally sensitive, both in mind and body. A physician who fails to bear this fact in mind, will speedily lose the confidence of his patient. The *Constant* or *Galvanic Current*, applied for the space of from three to ten minutes, generally suffices to induce a tolerably satisfactory motion. In exceptional cases, it is necessary to repeat the electrization after the lapse of six hours.

Dyspepsia is, however, as a rule, a chronic ailment. It is, therefore, highly advisable that the patient be provided with a battery that shall be, not only, at all times, in working order, but also of such a character as to admit of home

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application. Such an instrument is the magneto-electric machine. The patient must bear in mind that the *left* is the *negative* or *stronger* pole.

*For constipation* let him place the negative pole over the spine about the middle of the back, and pass the positive from above downwards over every portion of the abdomen, from the ribs to the pubis, for about ten minutes twice daily. The power employed should be high. This is slowly curative.

When *an immediate evacuation* is desired, let him apply the negative pole to the tip of the tongue, and the positive to the anus. The current employed must be, at first, gentle, and should be slowly increased in power. An action on the bowels is commonly obtained within the lapse of five minutes. Sometimes the effect of the electrization is instantaneous.

In cases of colic, let the patient magnetize himself as for constipation.

*For dyspepsia*, let him place the positive pole over the middle of the spine, and with the negative, wander over the whole of the abdomen for fifteen to twenty minutes twice daily. The power should be of medium strength.

*For dyspepsia-bronchitis*, let him place the positive pole to the middle of the spine and pass the negative over the surface of the chest, for fifteen

minutes thrice daily. The power should be somewhat feeble.

*For dyspepsia-asthma*, place the negative pole over the middle of the left side of the neck, and the positive over the cartilage of the seventh rib. Let the power be moderate, and administered for about ten minutes four or five times daily.

*For chorea-dyspepsia*, let the patient grasp the negative pole with *both* hands, and direct an attendant to pass the positive pole slowly over the spine, chest, and abdomen. Finally, let the patient immerse his feet in warm water; place the positive pole also therein, and the negative on the middle of the back. This must be done for fifteen minutes once daily.

*For dyspepsia-headache*, place the positive pole on the spine behind the stomach; move the negative over the stomach until relief be afforded, using a moderate power. Finally, place the positive pole under the approximated feet, and wet the head. Let the attendant grasp the negative pole with one hand, and placing the other on the patient's head, thus pass the current through his own body to that of the sufferer.

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## CHAPTER XVIII.

### SURGICAL INTERFERENCE.

This is rather a wide subject, yet need only be touched upon in this place. Thus—the roof of the mouth must be denuded, if covered with the plate of artificial teeth; carious teeth must be either stopped or extracted; if a ragged point of a tooth excoriate the tongue, and thus render the patient incapable of duly performing the function of mastication, it must be filed down; if the teeth are so deficient in number, as to render mastication impossible, artificial ones must be supplied; if the palate be cleft, it must be closed by operation; or, and as a very imperfect substitute therefor, a gold-plate fitted over the aperture; if the patient suffer from hernia, he must be supplied with a properly adjusted truss. If he suffer from fistula or piles, the disease must be remedied by surgical operation. In the case of a female, afflicted with prolapse of the

nb, the viscus must be returned to its natural
, and retained in position through the agency
ı pessary, introduced into the vagina. It must
borne in mind that digestion is *directly* influ-
ɜd by any derangement or disease of the
ɜstive tract, from beginning to end.

## CHAPTER XIX.

### CHANGE OF AIR AND SCENE.

CHANGE of air and scene is valuable in the treatment of indigestion, provided that it be obtainable under fairly favorable conditions. Dyspeptics must never become absolute idlers, inasmuch as lack of occupation rarely fails to call into existence scores of aches and pains, that, under the influence of occupation, would not have been experienced. When, however, they are in a position to obtain a change of surroundings, limited in duration, and accompanied with a sufficiency of mental pabulum, they, usually, derive benefit therefrom. I, very rarely, sanction their departure from our own shores, and for the following reasons:—(1) Because foreign cookery usually upsets their digestion; and (2) Because the imperfect cleanliness of foreign hotels, not infrequently, causes considerable derangement of the general health,

and, as a consequence, of digestion. Fortunately, dyspeptics can, if they will be content to remain at home, obtain the climatic conditions that are necessary for their sanitary well-being. Let us enumerate a few of the health-resorts that England holds out to them. In winter they can retreat to Torquay, The Undercliff, Bournemouth, Hastings, sheltered Dover, or, last though not least, balmy Sandgate. During the hotter months of the year, they may invigorate their unstrung nervous systems at Margate, Ramsgate, Deal, Folkestone, Broadstairs, Brighton, Scarborough, Whitby, Yarmouth, Lowestoft, the highlands of Hastings, The Peak, or the mountainous districts of Scotland or Wales. Why, then, I ask, should they travel farther afield, more particularly, inasmuch as, being only mortal, they may, at any moment, be overtaken by sickness, and consequently fall into the hands of physicians who still cling to the bleeding customs of the last century?

## CHAPTER XX.

### ON CLOTHING.

But little need be written on this subject. It is a question of individual experience. Dyspeptics, as a rule, obtain the greatest amount of bodily comfort when but lightly clad. They flourish in an air that is fairly bracing, provided, of course, that they are reasonably-well covered. They cannot tolerate flannel worn next to the skin. It irritates the external investment of the body, and, by sympathy, the internal membranes also. They easily chill when indoors, and, as a consequence, taking no exercise; but experience no difficulty in keeping up animal heat whilst on the move in the fresh air. Friends look on in astonishment at their recklessness; *they* smile at their relatives' unnecessary fears. Nevertheless, it behoves dyspeptics to use caution, lest, by exposure, they acquire deposits in various organs, more particularly the lungs.

Some dyspeptics, however, appear to suffer from a passive form of indigestion. These individuals must use greater caution than their more mercurial brethren. They must, if necessary, invest themselves in fleecy wool hosiery from ankle to neck. They will do well to bear in mind that many a severe chill is taken in consequence of the nerves of the upper arms being but imperfectly protected from unfavorable atmospheric influences.

## CHAPTER XXI.

### ON MIXING WITH SOCIETY.

This subject ought to occupy a foremost position in the treatment of dyspepsia. Unfortunately, I am compelled to place it at the lower end of my table of remedies, on account of the difficulty, I usually experience, in inducing sufferers from indigestion, to avail themselves of its advantages.

Dyspeptics commonly consider themselves, unsuited, from mere shyness, to mix with their fellow-man. Such, however, is, usually, not the case. As the dyspeptic quits his home, he will tell his companion that he would freely give five pounds rather than go to So and So's dinner, even though he has promised to become a guest. That he knows he will become a wet blanket to others, and upset himself. Yet, as a fact, once launch him fairly, and his natural brilliancy soon asserts itself. The

pleasing impression that is created upon his mind reacts upon his body; and, the morning after the lately dreaded ordeal has been successfully surmounted, he will acknowledge that he indulged in the pleasures of the table with exceptional freedom, and that he feels wonderfully improved by his dissipation.

The favorable impression created, speedily, however, fades from his recollection. When invitation Number Two arrives, past enjoyment is lost sight of, and the battle with shyness has to be fought a second time.

A dyspeptic patient of my own has schooled himself, to such an extent, that he now delights in addressing monster audiences.

Society is, like occupation and exercise, life to the dyspeptic, if he can only be brought to realize the fact.

## CHAPTER XXII.

### ON THE CULTIVATION OF MUSIC.

THE cultivation of music is a most potent agent for good in the cure of the dyspeptic.

Occasionally we find an individual who prefers light and frivolous tunes, performed upon a shrill instrument, such as the piccolo. Commonly, however, the dyspeptic inclines to music either sacred or operatic, and performed upon a sonorous instrument, such as the organ or the violoncello. The violin is, commonly, to be prohibited, inasmuch as the learner can scarcely fail to elicit tones that are almost maddening to the sensitive nerves of the sufferer from indigestion. A high-class concertina is an instrument not to be despised; better still, is a real Mason and Hamblin's American organ; best of all is, of course, the pipe-organ. Chamber instruments are usually purchasable second-hand, for a moderate sum. An organ

containing only a dulciana and a stopped diapason, and provided with a foot-blower and a swell need not prove beyond the reach of men of moderate means.

Musical boxes satisfy for the time; the repetition of air speedily, however, becomes irritating to the dyspeptic.

I now proceed to detail a series of cases, which have for their object the support of the opinions I have propounded.

# CHAPTER XXIII.

## CASES.

CASE IX.—*Vesical Calculi, the result of Indigestion.*—E. W., aged four years, a dispensary patient, fell under treatment on October 1st, 1876.

My little client was a strumous member of a strumous family. Her mother died of phthisis a few months after her birth. Her digestion had been always weak. Attendants had considered that she was suffering from inflammation of the bladder. A paroxysm of pain occurring during my first visit, I separated the labia externa, and disclosed to view a stone that presented at the orifice of the urethra.

On October 17th, I, seconded by Dr. Allen Duke, of Dover, proceeded to operate. Having rapidly dilated the urethra, I grasped the presenting calculus with a pair of long forceps and removed it. I then passed my left fore-

finger into the bladder for the purpose of thoroughly exploring the viscus. To my surprise, I discovered two other calculi, each suspended from the fundus of the organ by a pellicle of mucous membrane. These I, after expending some little trouble, succeeded in grasping and removing.

The child made a rapid recovery; kind lady-visitors having supplied her with nourishment, light and suitable.

I gave strict injunctions in regard to her future dieting—injunctions which, as far as the limited nature of the resources of the father would permit, were strictly carried out.

The portions of calculi preserved amounted in the aggregate to a drachm and a half in weight. To this must be added the quantity of débris lost during the performance of the operation; also a number of pieces begged from me by the child's friends. The total original weight of calculous material probably reached two drachms. The stones were of the phosphatic variety.

Within four months of the date of performance of the operation, she had not only completely recovered the power of retaining her urine, but had also developed into a com-

paratively well-nourished individual. I last saw her in June, 1879. She was then perfectly well.

This case I published in the *Lancet* of August 23rd, 1879.

CASE X.—*Vesical Calculus, occurring in a Girl of ten years of age.*—One evening in March, 1864, I was called to see S. B., residing in Snargate Street, Dover. Her mother had suffered from indigestion for many years. S. B. inherited her mother's constitutional proclivities. This patient had been, more or less, laid by for upwards of two years, and, like E. W., was considered to be suffering under inflammation of the bladder. Of late she had had no medical attendance, but her friends had, upon their own responsibility, administered soothing medicine in large quantities. They had sent for me, on the evening in question, as they considered it doubtful if she could live till morning. She was a mere skeleton. She lay in bed, stretched upon her back, with her knees drawn towards her chin. She had pressed her fingers upon the urethra, until the integument of the former had become perfectly soddened, and had acquired the appearance of the hands of a woman who had done a protracted

day's washing. For form's sake I passed a sound into the bladder; of course, with the result of finding a stone. I gave her opium to deaden the keen edge of her sufferings, and, as soon as arrangements could be perfected, placed her in the London Hospital.

Mr. Curling rapidly dilated the urethra and removed a calculus of (to the best of my recollection) the uric-acid variety.

This patient last consulted me in Canterbury, in the early part of 1881. She is married, but has no family. Thanks to a regulated diet, she has experienced no return of her sad malady.

CASE XI.—*Indigestion terminating in Lateral Curvature of Spine.*—Catherine W., aged fourteen, resident in London, became a patient in June, 1866. Her mother, a highly intellectual lady, stated that, whereas, on the one hand, Catherine W. had never been a muscular girl, and had suffered considerably from dyspepsia, for the last several years; she, on the other hand, had enjoyed fairly good health. About twelve months previously, she had begun to flag, and had, consequently, been removed from London, and sent to a school at Richmond.

Of late she had always appeared drowsy, and disinclined for study. She had also begun to stoop.

The patient herself informed me that she could sleep all day long; that she could not study—in fact, could not fix her attention; that if she tried to do so, she suffered from a very bad headache, and felt she must jump out of window, or do something dreadful; that her mistress thought her lazy; had made her sit on a form without a back; that this caused her to feel sick, in fact, sometimes made her actually vomit; that she felt sparks running down her back, legs, and arms, and that *then* her limbs jumped; that the girls laughed at her, but that she did not consider it a laughing matter.

Her pupils were dilated, her respiration hurried, her breath fœtid, and her tongue coated. Her head was hot, and her extremities cold.

I examined this patient very carefully, stripped to the waist. No organic disease existed, but her right shoulder had grown out, that is to say, she had acquired lateral curvature of the spine.

My instructions were as follows:—

To lie upon a mattrass, and to sleep till she woke of her own accord; to sponge piecemeal, from head to foot, with cold water, every morning; to recline upon a hard sofa, or the

hearthrug, for several hours daily. To take just the amount of walking or driving exercise that she felt equal to—no more.

Her diet to be as follows:—

*Breakfast.*—Cocoatina, with plentiful milk, and sugar to suit palate; egg or bacon; toast, cold, and well buttered.

*Dinner.*—Soup, more particularly that the basis of which was peas or lentils, provided, of course, that it was not found to disagree; boiled salmon, cod, whiting, sole, or eel; a little meat if craved for, not unless; plenty of vegetables, especially vegetable-marrows, peas, beans, cauliflowers, broccoli, artichokes, potatoes, french beans or scarlet-runners; never cabbages, radishes, or, in fact, any either of the *cruciferæ* or the *umbelliferæ*, any that possessed a hot taste. Milky puddings to any amount, pie-crust with jam or cooked fruits spread thereupon, after it had cooled; pears, cherries, strawberries, oranges, apples, melon—*ad lib.*

*Tea.*—Same as breakfast.

*Supper* (if found not to disturb sleep).—Cocoatina and milk, with cold buttered toast; or plain biscuit and a little water.

Grapes, the jelly of raisins, and milk, to be taken whenever desired.

*Medicine.*—

℞—Sodæ Bicarb. ʒj.
Tr. Aurant. ʒij.
Spt. Ammon. Aromat. ʒj.
Ad. Hydrocy℄. Dil. ♏viij.

Aq. add ℥viij., sumat sextam part: ter die, horâ unâ ante cibum.

The patient shuddered at the bare thought of taking cod-liver oil, so I prescribed as a substitute therefor,

℞—Ol. Amygd. Dulc. ℥iv.
Sumat ʒj. bis terve de die, grad. cres. ad ℥ss. ter in die.

C. W. improved rapidly, until she, one day, very unwisely, and without previously obtaining my sanction, took a cold sea-bath. The result was a great throwback. She was not herself again for at least a fortnight.

At the expiration of a month I substituted, for the last medicine, the following:—

℞—Sodæ Bicarb. ʒj.
Spt. Ammon. Aromat. ʒj.
Tr. Cinchon. Co. ʒiss.
Liq. Pot. Arsen. ʒss.
Syr. Aurant. ʒiij.

Aquæ destillatæ ad ℥viij., sumat. coch. ij., ampl. ter die, horâ unâ post cibum.

After two months' residence at Dover, she returned to London, greatly improved in health. My final instructions were, that her diet was to be regulated upon the sound principle of—not what she liked, but—what she found to suit her. That she was to continue with unlimited sleep, and to study no more until her health was perfectly restored; also that she was to be permitted to become a wild colt, rather than be forced into the mould of a drawing-room young lady. I further directed that she should take the fiftieth of a grain of strychnine twice daily for six weeks, and once a day for a further period of three months.

Shortly after her return to London the catamenia established themselves, and continued with uninterrupted regularity.

About four years afterwards, a young lady hailed me as I drove down East Cliff. It was my old friend Catherine W. She had developed into a magnificent woman—tall and stately. I am satisfied that the well-instructed fashionable young ladies of the age of Miss W. must have found her a formidable competitor for the attentions of the lords of the creation.

Just a general remark or two, suggested by

the case of Miss W. The old saying, that men are hardware and women porcelain, is absolutely correct. The physical conformation of the latter proves beyond doubt that their earthly mission is to bear and to suckle children. Mental strain, either at the beginning or the cessation of the uterine flux, is a matter fraught with danger to health. Over-education of woman is, in all respects, a monster mistake. *It impairs the maternal nature.* Heaven created her to become an addendum to the man—not his compeer—certainly not his rival. True, one here and there pushes forward into the man's first rank; equally true, a man here and there falls back into the woman's. *With what result?*—That each is unsexed—each viewed askance by the world at large.

Case XI.—In July, 1865, J. L. K. was brought to me by his father. He was about seventeen years of age, tall and well developed. The boy said nothing. His father stated that he had got on capitally until about twelve months previously, when he had taken a lazy fit, and would not learn. Also that he had begun to throw his eyes up, and to stutter,

and to become a devil of a temper. He added that he meant to cure him, or else to kill him—he didn't care particularly which.

A brief examination convinced me that the case was easy of diagnosis—that it was, in fact, one of colonic indigestion. I requested the father to leave his son alone with me for a few minutes. I then kindly and gently requested the latter to give me his confidence. He told me that, a year previously, he had discovered his inability to apply himself to his studies; that wind rolled in his stomach, and went up to his head; that he felt shocks running all through him; that his relatives sometimes laughed at him, sometimes teased him, and sometimes scolded him; that he told falsehoods because he could not bear to be cornered; that he would rather poison himself than bear all his vexation much longer; that he wished to die, as he was sure he could not suffer more in the next world than he had endured, of late, in this.

I assured him that he might dismiss all fear, inasmuch as he would, with the employment of a little care, speedily become his former self. I then sent him away, recalled

his father, and explained, that the poor lad required gentle and kind treatment. I added that a family calamity would probably result if matters continued to take their present course. I ordered him a diet of fruit, vegetables, and fish, with plenty of milk, but very little meat; also total abstention from study. I prescribed a blue-pill to be taken at bed-time, followed by a black-draught in the morning; also the interrupted cold shower-bath, night and morning. The day after taking the pill and draught he voided a large quantity of lumpy motions, some black, some white, some green. Forthwith, I prescribed the fortieth of a grain of strychnine, to be taken night and morning.

Within six weeks he was, once more, perfectly himself, and competent to resume shortened studies. The change proved lasting.

In my opinion, J. L. K. was rescued from suicide.

Case XII.—I attended Mrs. W. B. in six accouchements. The first three infants she declared her inability to suckle. They grew up pale and thin, with projecting foreheads and enlarged joints. When she desired to

secure my attendance at her fourth confinement, I declined to yield to her request, except with the understanding that she would agree to suckle the new-comer, fully, and for a period of at least eight months. This course, she, after a little hesitation, consented to follow. The result was, as might have been anticipated. Number Four speedily shot ahead of Number Three. She had neither over-hanging forehead nor monster articulations.

I may add, in this place, that Number Five and Six have grown up as healthy as Number Four. The contrast between the suckled and the fed members of the family is of the most marked character. The three eldest continue to suffer greatly from indigestion, and have carious teeth. The three youngest are free from dyspepsia, and possess teeth that are both useful and ornamental.

Case XIII.—H. B. A. was a schoolfellow of my own more than thirty years ago. In those days he suffered greatly from dyspepsia, frequently rejecting his food. He also experienced much annoyance from headache, and was, not seldom, laid by, the victim either of colonic spasms or strumous ophthalmia. Being

a talented boy, his parents were extremely solicitous that he should be pushed on with his studies as rapidly as possible.

Three years' since, I was consulted in reference to his case. At that date he still suffered from indigestion, and had been on the verge of insanity on two several occasions. Fortunately for himself, he had, at all times, been a very moderate drinker; nevertheless his liver had become fatty.

A cold plunge-bath daily, unlimited sleep, vegetable diet, with an abundance of milk, and finally, the thirtieth of a grain of strychnine night and morning, have worked great things in this case, which, at one time, threatened to prove most distressing in its issues.

*Remarks.*—It is a mistake, of a by no means trivial character, to attempt, intellectually, to force a child of weak digestive power. Frequently, consequences do not manifest themselves for many years. Nevertheless, let us remember, that if we draw bills on the future, Nature presents them for payment, *as they become due.*

Case XIV.—R. B. was born on the borders of the Essex marshes. In infancy he suffered

so heavily from convulsions that his life was despaired of. At the age of eight years he was, by the advice of a North country-man, sent to Scotland to receive his education. To use his own words—"The cold up there killed me. The big boys would not allow me to get near the fire. I could not eat the Scotch food. I used to lean against the walls and cough." During the eleven months of each year that he spent in the north, he grew nothing; during the one month that he passed in the south he grew rapidly. His head was large, his temper so violent that he could scarcely be accounted a sane man. At the age of twenty-five he experienced a cross in love. This blow he never fully recovered from. Indigestion clung closely to him throughout life; frequently also its issue—rheumatism—caught hold of him. The whole digestive tract was in a state of preternatural sensitiveness. The mere mention of a dish that he considered unsavoury would cause him to eject wind from the stomach, in large quantities. He would shudder and become violently angry, if the subject of enemas was mentioned. He was a great smoker, and, though a so-termed moderate drinker, drank much more than his sensitive mucous membrane

could tolerate. He died of cancer, invading several organs, at the age of forty-nine.

This patient was, frequently, under my observation. He was extremely obstinate, hence my oft-repeated endeavours to induce him to abandon the use of tobacco and alcohol proved futile.

Though only five feet four inches in height, he was broad in shoulder and possessed of considerable muscular power. He positively revelled in physical labour.

R. B.'s case is one of the many that the physician encounters, in which *a man may be the victim of mortal disease, yet remain totally unconscious of its existence.* It chanced that, one day he was dining with me, and the conversation turned upon the subject of sick men. Suddenly he swang his arms about, in a somewhat frantic manner, and exclaimed, "Well, thank goodness, I'm always well; never sick nor sorry!" I remarked, unthinkingly, "I cannot divine the cause, but *whenever you laugh or exert yourself your right cheek becomes blue.*" About six months after this date, he wrote, informing me that he suffered from a terrible cough, and that he had a lump as big as a hen's-egg under his right collar bone. Clearly,

even at the time of his boasting, cancer in the chest had advanced so far that a neighbouring absorbent gland had become enlarged, and now pressed upon the lower end of the external jugular vein!

I am well acquainted with the medical history of R. B.'s family. An intense vitality pervades it. I entertain no doubt but that, had he been, during boyhood, placed under conditions reasonably favorable to longevity, he would have attained man's allotted three-score years and ten.

CASE XV.—B. J. was brought up on the banks of the Lea. He always disliked the smell of the river, more especially at low tide. As a child he was a mere skeleton, with a large pendulous abdomen. He was talented, but very weak and nervous, being the victim of chorea, and stuttering very considerably. The aim of his parents was to lay by as much money as possible for the benefit of their numerous progeny; hence his food was coarse in quality and his clothing insufficient in amount. He dreaded night, because he knew he should see horrible faces as soon as the light was extinguished. On account of his

nervousness, he was terribly scolded by his parents, and sadly teased by his brothers and sisters. He used to suffer from acid rising into the throat at brief intervals during the day, and was commonly prevented by sheer debility from standing erect during the early hours of the morning. He dreamt awful things; so much so, indeed, that he had a horror of sleep, and used to hide his head under the bed-clothes because he felt safer there. He was, in fact, a perfect specimen of juvenile dyspepsia.

At the age of four he was sent to a preparatory school. His mistress was not kind to him. The boys treated him very badly, but the girls loved and kissed him. At ten he went to a boys' school. His preceptor was of a most passionate temper. (He died of softening of the brain at the age of forty.) Although he always strove to learn his lessons, his master would cane him if he lost his temper with one of the lazy boys. In fact, he was in a state of terror all the year round. He was very fond of swimming, and frequently went into cold water three times a day, remaining immersed for half an hour at a time. He was usually laid up with a cough for

several weeks as each winter came round. He made up his mind to become senior pupil in his school, and he did succeed in struggling into the first place. At twenty-two he went to college. Determined to be a foremost man, he studied hard, and laid himself up in eighteen months. This brought back the indigestion which had been slowly receding since the age of fourteen.

This gentleman is now hard upon fifty. He has gone through a sea of troubles, yet still he lives on and enjoys comparative health, *provided that he studies his stomach.*

His table of diet is as follows:—

Breakfast: Cocoatina, or milk and water, with a little bacon. Tea: Ditto, minus the bacon. Dinner: A good meal, consisting of a little meat, plentiful vegetables, light puddings, possibly fruit. No beer, wine, or spirits. No supper. Either of the latter invariably calls forth indigestion. Beckitt's Fruit Syrups are great favorites with B. J. He finds that they suit him admirably.

B. J. very seldom takes medicine. Drugs always upset him; purgatives kill him.

If his liver becomes much deranged, he sometimes indulges in a dose of Hyd. c. Cret.

Now and then he takes an effervescing draught, composed of soda and acid; occasionally—

℞—Sodæ Bicarb. ʒj.
Spt. Ammon. Aromat. ʒj.
Tr. Aurant. ʒij.

Aquæ ad ℥viij. sumat sextam part. ter in die.

Generally, he goes on the more sensible plan of giving his stomach a few hours' rest. Then, unfortunately, his wife bothers him, declaring he will starve himself, and have a serious illness; but he knows better. He flourishes under the influence of hard work; at once flags if unemployed.

B. J., like many another dyspeptic, finds that a dose of Lamplough's pyretic saline affords speedy relief when indigestion threatens to overpower him.

B. J.'s favorite drink is eau-sucré. This also suits him exactly.

In January, 1880, B. J. suffered under a severe attack of bronchitis. This, of course, laid the foundation of asthma, also rendered his stomach, if such were possible, even more sensitive than it had been in times gone by. He finds that the instructions in reference to diet that he received years since, apply with still greater force in his present hyperæsthetic condition.

Case XVI.—Mary P., aged twenty-eight, is frequently under treatment, the victim of heart-burn. She is very tall, and stoops a great deal. She grew rapidly between the ages of fourteen and seventeen, and has never been herself since. Her father is a farmer, doing well on a small scale. M. P. would like to become a lady's-maid. Indeed, she has had several good places, but always is laid by, if so situated that she is unable to obtain unlimited fresh air. She has twice suffered from rheumatism. Her former medical attendant considered her disease to be weakness, and treated her with quinine and increased diet.

Light diet and matutinal cold spongings have caused great improvement in this case.

The only medicine that her sensitive stomach can tolerate is the following:—

℞—Sodæ Bicarb. ʒj.
Liq. Bismuth. ʒj.
Tr. Aurantii ʒij.
Spt. Ammon. Aromat. ʒj.
Syr. Zingib. ʒiij.
Ad. Hydrocy$^{o}_{m}$. Dil. ♏viij.

Aquæ destillat. ad ʒviij., sumat ʒss. quater de die.

Case XVII.—In January, 1868, I was called to see H. P., aged ten, the child of a publican. She was a weakly little creature, with a large head and tumid abdomen. She was always crying, and hence named Jennie Grievous. She stated that she hated meat and the nasty port, that they made her take.

I explained to the parents that she required light food, suited to the weakness of her stomach, abundance of fresh air, and warmer clothing than she was wearing at the date of my visit. They told me at once that they had no faith in starvation, and that the pale face of the child told plainly that she wanted good, nourishing port wine.

Of course, I did not call a second time. Within twelve months of the date of my visit to her, Jennie Grievous had pined and died.

Case XVIII.—Mary W., aged nine, was under my care, at frequent intervals, between 1864 and 1871, and always for the same ailment—dyspepsia. This patient was pallid in face, round in the back, and tumid in the abdomen. In 1871 she tripped over the curb and struck her stomach. The following morning I was sent for. I found her lying on her

back, with her knees drawn up; she vomited constantly, and her face betokened the keenest agony.

She could tolerate no local applications, hence all that I could do for her comfort consisted in the easing of pain. I threw one-fourth of a grain of morphia on to her tongue every third hour. She speedily sank into a state of typhoid, and the case appeared hopeless. On the tenth day of her illness, an abscess began to point at the umbilicus. On the fourteenth, it broke. The child showed great symptoms of improvement immediately after the escape of the pus. The first article of diet she asked for was pork-pie. This I, at once, allowed. About the seventeenth day she ate enough to satisfy a navvy in hard work. She made a splendid recovery, and her indigestion left her. I saw her about two years afterwards. She had become a strapping girl.

This was, clearly, a case of tabes mesenterica, which the blow on the abdomen had caused to terminate in abscess.

Case XIX.—In August, 1870, B. J., a medical student, fell under my care. He was a tall stripling, twenty years of age. He had

studied very closely; and feeling unwell, had come to Dover for change of air.

Wishing to get up his strength as speedily as possible, he ate meat three times daily, and that, too, very insufficiently cooked. With the same object in view, he drank half a bottle of Guinness' stout, in which four grains of quinine had been dissolved, with each meal. He felt, however, that he got worse rather than better, and hearing that I devoted much attention to the subject of diet, thought it advisable to consult me.

I explained to him that such a course as he was pursuing, might be very safe for a man who was performing hard physical labour, but that it was totally unsuited to an individual in his position; that the intense pallor of his face informed me, at the first glance, that his digestive organs had power, *at that date*, to elaborate but little red-celled blood.

I ordered him to partake plentifully of milk, soup, vegetables, fish, and bread; also to drink a dessert-spoonful of brandy in half a tumbler of water, twice daily. I further directed him to lie prone for an hour after each meal; to sponge from head to foot every morning, and always to have his sleep *out*. His recovery was

both speedy and satisfactory. Within a fortnight I allowed him a mutton-chop once daily; and, as he very much desired it, half a bottle of nourishing stout with his dinner. He returned to London at the expiration of a month from the date of his first visit to me, and, finally, passed his examinations very creditably.

In 1872, he wrote that he had learned from me what *true* feeding consisted in.

CASE XX.—W. W., aged twenty-six, had just taken to a most arduous vocation—one, in fact, that allowed him scarcely any certain repose, either by night or by day. Following his own inclination, plus the advice of his friends, he had adopted the universal opinion, that he must eat and drink *well* in order to keep up his strength. Accordingly, he ate meat three times daily, and drank half a bottle of port (sometimes more) during each twenty-four hours. He was so feeble that he could scarcely walk; suffered severely from night perspirations, violent palpitation of the heart, and nausea, sometimes terminating in vomiting; also from coldness of extremities and heat of head.

Fearing the supervention of phthisis, I urged him, if possible, to abandon his vocation, at

least for a time. This, however, he declined to do, except as a last resource, inasmuch as it was certain to prove very lucrative, within a few years.

*Treatment.*—For the present, entirely to abandon the use of meat and alcoholics. To take as much as he felt he could digest of milk, beef-tea, vegetables, cocoatina, fruit, and toast well-buttered. Also to sponge piece-meal, from head to foot, and with cold water, twice daily. Furthermore, to take Liq. Arsenicalis, ℥v.; Aq. destillat. ad ℥j., ter die post cibum.

At the end of a week he had considerably improved. He found the cold sponging delightful—fresh life in fact. He added that he would like a little brandy very much indeed, if I would allow him to take it.

*Treatment.*—To continue as before. To take a dessert-spoonful of brandy, in half a bottle of soda-water, twice daily.

A fortnight passed, and he was wonderfully better. His night perspirations had entirely disappeared.

*Treatment.*—To be allowed a little good fish or poultry for dinner daily. To use the interrupted cold shower-bath night and morning; and to make trial of the following mixture:—

℞—Quinæ Disulph. gr. xij.
Ferri Sulph. gr. vj.
Acid. Sulph. Dil. ʒss.
Syr. Aurant. ʒj.

Aquæ destillatæ ad ʒviij., sumat ʒss., ter in die post cibum.

Three weeks after this, I permitted him to take, at his own desire, a mutton chop, twice daily, and to substitute claret for brandy and water. I, further, ordered the thirtieth of a grain of strychnine to be substituted for the quinine and iron mixture above referred to.

My patient made an excellent recovery. He, in due course, abandoned his alcohol, of his own free will. He continued the use of the shower-bath.

*Remarks.*—There can be no doubt but that consumption would speedily have terminated W. W.'s career, had he persevered in the course of over-stimulation he was then pursuing. Like many another dyspeptic, he was undergoing a process of slow starvation, though his stomach was full—full, that is to say, of food unsuited to his digestive organs in their *then* condition.

The tonic powers of cold water are scarcely susceptible of measurement—incredible, in fact,

to him who has not, *in propriâ personâ*, experienced their efficacy.

CASE XXI.—Mrs. A. K., a most devoted wife, was in the habit of taking long walks with her husband—sometimes, indeed, they got over fifteen miles at a stretch. She felt it was too much; but did not like to leave dear C. to wander about alone. Very often—usually, in fact—she could not digest her food, on her return home. She was losing flesh rapidly, and felt that something must be done. She was unwell during the greater part of her time, and suffered much from leucorrhœa during the brief intervals of cessation. Her sight failed her, disappearing suddenly, and returning without a moment's warning. She also had creepings from her stomach upwards, and shocks through the right side of her head, down her body and left leg. C. told her she would be all right in time. Every one had to go through a hardening process.

This was a serious case—clearly nervous exhaustion, inducing indigestion, and threatening to terminate in epilepsy.

*Treatment.*—To confine herself to the sofa; to take only the articles of diet she found to

suit her, and to sponge from head to foot, with cold water, twice daily.

This patient was well-to-do. Her diet consisted of fruit, cream, high-class soups, poultry, and game. She implored me to spare her the misery of swallowing nasty drugs, inasmuch as she hated physic, and her proclivities in the matter of physic were homœopathic. She was particularly partial to Robb's biscuits. These she ate in large quantities.

At the end of a fortnight she had much improved, and begged to be allowed a cut from a nice sirloin of beef. The cold sponging she found delightful. Water was worth a guinea a pailful, if people could only be brought to think so. She now began to walk moderate distances. I had a shower-bath constructed for her use, the sieve of which was pierced with *tiny* holes. I ordered her to use a pailful of water night and morning, her body being covered with a waterproof sheet. Very speedily she, without asking my leave, dispensed with the sheet. Shortly afterwards she requested that the tiny holes above mentioned, might be superseded by very big ones. She was, at this date, capable of walking, without fatigue, four miles daily.

She made a good recovery. When last I heard of her—now some four years since—she was still compelled to use care in diet.

CASE XXII.—This case resembles, in some respects, the former, but was, unfortunately, by no means as happy in its termination.

J. R., a clerk, was picked up in the street having fallen in an epileptic fit. Being well known in his town, he was carried direct to his home. I was sent for. Upon arrival I found him still partially unconscious. His pupils were dilated; his head was hot, his feet cold, and his tongue severely bitten.

He was a dyspeptic member of a dyspeptic family. Had been in the habit of taking things at table just as they came. Was very fond of tea and coffee, and ate a good supper every night. He was accustomed to drink two or three glasses of ale daily; sometimes a little spirits as well, when he felt done up. The premonitory creepings always began at the stomach; he had frequently felt dizzy and staggery, in consequence of them, but had never before fallen to the ground. He had eaten meat-pie for supper the night previously to his attack, and had had a contention with a fellow-clerk

that morning. When this patient had recovered consciousness, I explained to him the exact position and prospects of his case; viz., that, with strict care in diet, he might look forward, with confidence, to complete restoration; but that unless the means necessary were used, he would, in all probability, become a confirmed epileptic.

The diet I ordered was as follows:—

For breakfast and tea—Cocoatina (very milky), either egg or bacon, and cold buttered toast or biscuits—the last more particularly of the charcoal variety. For dinner—Vegetables, fruit, poultry, fish, milky puddings, also pie-crust with preserve spread thereon, *if found to suit.* For drink—Aërated ginger-beer or Beckitt's fruit syrups. Most rigidly to abstain from tea, coffee, cheese, beer, wine, spirits; anything either cooked inside a crust, or warmed a second time.

To wear a straw hat, pale in colour, all the year round, and a white coat when the weather was hot. To keep his feet warm.

To avoid irritants, and excitants of all kinds. To stand on a flannel, spread in a saucer-bath, and to squeeze the contents of a monster sponge, dipped in cold water, over his head, night and morning.

To sleep in a cool room, to lie upon a mat-

trass, and to use no more bed-coverings than he found necessary to secure adequate warmth.

To allow his beard, which he had hitherto shaven completely off, to grow fully. To submit to the extraction of three carious teeth. At every meal to masticate his food thoroughly; to abstain from drinking till he had finished eating; to rest for half an hour after each refection, but, under no circumstances, to fall asleep. For medicine, to take fifteen grains of bromide of ammonium thrice daily.

For a time, this patient improved, although he refused to allow the carious teeth already mentioned to be extracted. One day, he again quarrelled with his brother clerk. The result was a severe epileptic attack. Believing his case hopeless, he ceased to take medicine; and finding that his fits recurred in spite of comparative care in diet, he returned to his old careless ways. When last I heard of him, he had become a confirmed epileptic.

*Remarks.*—This case demonstrates the advisability of seeking medical advice in the early stages of disease. In *physic*, a stitch in time saves—not *nine*, but—*ninety*-nine. This patient ought not, even from early childhood, to have taken such indigestibles as tea, coffee, cheese,

and beer; still, much might have been done, had he sought the aid of a physician, when first he began to feel the creepings mentioned. I ordered the abandonment of shaving for two reasons: (1) On the general principle that we can seldom interfere with nature without paying a consequent penalty; and (2) because close observation has proved to me that the beard does, in some manner that I do not profess to understand, adjust the electrical balance of the system.

I shall not forget a reproof that nature inflicted upon me, some twelve years since. I removed all the hair from the head of a little girl of six, who was suffering from continued fever. *Shortly, a soft down grew over the lower part of the face, including the nose!*

I ordered the extraction of teeth in the case of J. R., because I am satisfied that carious teeth are frequently a cause of epilepsy. The limits that I have prescribed to myself in this book do not permit me to quote a tenth part of the cases I should like to record. Did space allow, I should touch on several connecting links between digestive organs and epilepsy.

Many patients appear somewhat surprised that I, *as a general rule*, permit dyspeptics to

partake both of pie-crust and sugar. Of the former my experience is, that, whereas it is a fruitful source of indigestion, when made with inferior ingredients, such as salt butter or lard, it very seldom upsets, even the most delicate lining membrane, if prepared with high-class materials. Sugar, when taken in moderate quantities, also *seldom* causes uneasiness. Eau-sucré is, in fact, a valuable drink in dyspepsia. The beverages with which it is usually mingled, such as tea and coffee, almost invariably give rise to disturbance. Thus, sugar is blamed for the sins of its coadjutors.

We must not lose sight of the fact, that the food provided for our sustenance in the hour of greatest sensitiveness, dependent upon imperfect development of nervous centres, contains a large amount of sugar. Of course, the sugar used must not be of an inferior variety.

I have treated several cases of indigestion in which *highly-sweetened* cocoatina has been the staple article of diet permitted; and this the patients have described as proving most soothing and grateful to their debilitated digestive organs.

Case XXIII.—In December, 1865, I attended

C. M., a well-to-do lady, aged about fifty. She had suffered from indigestion throughout life; and had resided, for the space of thirty years, in the West Indies.

She was paralysed in the right arm, and suffered much from neuralgia in the right side of the face. Upon examination, I found the whole abdomen tender, but the region of the liver especially intolerant of pressure.

*Treatment.*—I ordered the immediate removal of a carious molar tooth on the affected side of the face. This very materially modified the neuralgia. I administered a blue pill at bed-time and a black draught the following morning. These brought away an enormous quantity of hardened fæces and black bile. I also directed my patient to take a hot sitz-bath, night and morning, until the abdominal tenderness had disappeared.

Within *a few hours* of unloading the liver and bowels, the paralysis of the arm had nearly vanished. Six baths were taken, and the tenderness of the abdomen almost ceased to exist.

*Remarks.*—This case illustrates (First) the interdependence of the various organs of the body; and (Second) the fact that disorder or disease may flow from more than one *near fons*.

CASE XXIV.—Lady B. fell under treatment in May, 1864. Her hair was black, and her whole countenance betokened bile. She had suffered from indigestion almost from her cradle. Ten years since, she had voided gall-stones. Her bowels were usually constipated; and, at times, piles troubled her greatly. She never walked out; in fact, was not strong enough to take bodily exercise. She drove out in her carriage daily, and enjoyed the air very much. Supper was the only meal she cared for. She was a great lover of tea. Her custom was not to quit her bed earlier than 10 A.M.; or to retire for the night before the small hours had set in. She was comfortable enough in the evening; but dreaded the reappearance of morning, as she always felt very ill for the first few hours of the day. She knew no one could cure her indigestion; but she sent for me, hoping I might do something for her hearing, which frequently deserted her without a moment's warning.

I explained that this interruption of the sense of hearing betokened irregular nervous distribution of a somewhat marked character. That, in the present stage, it was, undoubtedly, perfectly curable; but that, if allowed

to continue in its course, unchecked, I could not take upon myself to answer for results. Not a little astonished at my statement, she promised implicit obedience to my injunctions.

*Treatment.*—My usual diet for the dyspeptic, viz.—Cocoatina, egg, bacon, toast, vegetables, fruit, fish, milk, butter, very little meat. No alcoholics. Cold sponging night and morning. Daily walking exercise.

*Results.*—Rapid improvement. At first the giving up of tea, also of suppers, was a severe trial.

She remained under my care for six weeks, then returned to her seat in the Midland Counties.

The following summer, I enjoyed a friendly interview with my late patient. She informed me she had not felt so young for many years as she did at the date of my visit; and that, as I had foretold, she now disliked even the smell of her late special dietetic weakness—Tea.

*Remarks.*—I regard tea as one of the worst foes of the dyspeptic. Its ravages are peculiarly noticeable among the lower classes—the majority of whom keep the tea-pot stewing on the hob during the greater portion of the day.

CASE XXIV*a*.—In December, 1880, M. Y. sought my advice. I attended her, eight years since, in a prolonged attack of muco-enteritis. The abandonment of tea caused her, in those days, a very serious privation. She now states, however, that she dislikes even the smell thereof so thoroughly, that to remain in the room where it is brewing demands an act of self-denial, by no means trifling in character.

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The two cases, now to be recorded, demonstrate the power of tea, temporarily to unseat reason.

CASE XXV.—K. C., aged thirty-three, had been dyspeptic for many years. Was nearly drowned at the age of twenty. Of late has had much mental anxiety, which has occasioned great loss of sleep. Enjoys tolerable health, provided that he watches his diet carefully, and lives principally on milk. Is extremely fond of tea. This, however, he dares not take, inasmuch as one cup, even of moderate strength, will throw him into a state of religious mono-mania, causing him to kneel down, and, despite the presence of onlookers, pray in the most violent manner.

CASE XXVI.—J. T., aged fifty-five, has suffered from indigestion for many years—in fact, has always been bilious. Of late has met with severe pecuniary reverses; also, has lost his wife. Lives on the most simple diet, yet, occasionally, becomes very bilious in spite of all his self-denial.

Tea throws him into a state of religious melancholy, causing him to pace his room incessantly. If spoken to, when in this condition, the only answer he gives is, "Lost soul, Sir! Lost soul!"

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CASE XXVII.—M. S., a retired tradesman, aged fifty-five, has great faith in keeping oneself up. Suffers from gout now and then, but does not complain of that, as he is always better after the attack has passed off. In 1872 he met with an accident, which confined him to bed for several weeks. Being his medical attendant I, at once, explained to him, that, now that he was debarred from all exercise, he must cease to take full diet. In vain I appealed. His wife openly set her face against my teaching. The result was, as I had foretold, the supervention of a most severe attack

of gout. As he lay in bed he thought matters over. Finally, he resolved to abandon the use of alcoholics, and to take much less food than he had, hitherto, indulged in.

*Results.*—He speedily began to feel lighter, stronger, better, happier. Several years have passed since M. S. received the injury. He has experienced no fresh outbreak of gout. He has long since resumed business which, on account of gradual failure of health, he had, some few months prior to the receipt of his injury, entirely abandoned.

CASE XXVIII. — B. H., aged thirty, a banker's clerk, came under my charge in July, 1868. He was, naturally, a dyspeptic man, and, of late, his ailment had become much intensified. His breath was fœtid beyond endurance, his tongue foul, and his face wore an anxious expression. The symptom that caused him the greatest distress was wind in the abdomen, every movement of which he felt in the head. His bowels were in a highly irritable condition. He was compelled to run to the closet from eight to twelve times in the course of twenty-four hours. Usually, he passed a quantity of small motions, like the stems of

tobacco pipes; frequently he voided only a little frothy slime; always he expelled wind, with a "bob" like the explosion of a toy-cannon. Sometimes he voided blood in small quantities.

This was clearly a case of dyspepsia dependent upon superficial ulceration of some portion of the colon.

*Treatment.*—To lie prone for several hours daily. To take only vegetables, fruit, poultry, fish, bacon, milk and water, and a little soda-water and brandy; charcoal biscuits to be substituted for bread. Under no circumstances to eat after seven p.m. To make trial of the following medicines:—

℞—Hyd. c. Cret. gr. ij.
P. Rhei. gr. ij.
P. Ipecac. Co. gr. iv. ft. pulv. o. noct. s.

℞—Liq. Donovan. ℥xxv.
Tr. Cinchon. Co. ʒj.
Spt. Ammon. Aromat. ʒj.
Syr. Zingiber. ʒiij.

Aquæ ad ℥viij.—℥j., ter die post cibum.

To take either a Russian vapor, or an ordinary vapor, or a hot-air, or a hot-water bath (whichever was obtainable) each night, remaining in the bath for a few minutes only; that

is to say—until he felt well heated in the surface of the body. To dry himself, thoroughly, upon leaving the bath; and then to sponge, from head to foot, with cold water.

*Result.*—Within forty-eight hours he was a new man. He could sleep soundly; the fœtor of breath had, to a great extent, departed; he desired to go to stool three times daily—no more. He stated that he could not have believed so speedy a change possible had he not experienced it.

Within a month he went back to town, wonderfully improved. I recommended him, on his return home, to inhale a pint of oxygen gas; to take the thirtieth of a grain of strychnine; also to plunge under cold water, for one second, night and morning. This plan of treatment to be continued for, at least, three months.

At the termination of the period specified, I received from him a somewhat amusing letter, informing me that the change for the better that had taken place in his health appeared likely to prove permanent in character.

B. H., was, in 1874, manager of a bank at the Antipodes. He is married and has several children, all of whom are healthy.

*Remarks.*—This class of case is, in most instances, perfectly amenable to appropriate treatment; yet, if allowed to run its course unchecked, usually terminates in cancer of some portion of the large intestine, at or about the grand climacteric—*sixty-three.*

What a mystery is Number Seven, even in physic! Seven, fourteen, and twenty-one, we all recognize as critical periods. We do not, I think, attach due importance to the woman's six times seven, the man's seven times seven, and the man's nine times seven.

Extreme fœtor of breath is a symptom that must not be lightly passed over. It always signifies decomposition of food; and this decomposition is usually dependent upon ulceration of some portion of the mucous lining of the digestive organs.

Case XXVIII. must be studied, side by side, yet in contrast with, Cases XXIX. and XXX.

Case XXIX.—G. J., a gentleman of property, was under my care, more or less continuously, from 1870 to 1873. He had been dyspeptic and nervous throughout life. At about the age of forty, was incapacitated

for several months, suffering under severe depression of spirits. Was much annoyed by irritation of the skin, particularly of the hands, which he scratched until little bloody points appeared, which refused to heal. The bowels acted several times daily. His motions were always very small, like tobacco-pipe stems. He never went to stool without wind escaping with a "pop"—like a gun going off. He would willingly take drugs, but refused to give up his tea, coffee, cheese, ale, and sherry.

The medicine that he usually found suit him was—

℞—Sodæ Bicarb. ʒj.
Liq. Bismuth. ʒj.
Spt. Ammon. Aromat. ʒj.
Tr. Aurant. ʒij.
Ad. Hydrocy$^{c}_{m}$. Dil. ♏vj.
Liq. Pot. Ars. ʒss.

Aquæ destill. ad ℥viij., sumat. sextam part. 4$^{tis}_{m}$ horis.

The irritation on the skin becoming all but intolerable, I sent him to consult a specialist. He returned with a prescription for soap, lotion, mixture, and pills, and with promise of speedy cure, but with no instructions as regarded diet.

About this time he began to flush from hair

to collar-bones immediately after meals, more especially if he partook of alcohol, even in the tiniest quantities. I explained to his relatives that I considered this an ugly symptom. Shortly afterwards he complained that his motions "fell through"—that he had lost all control over his lower bowels. He slowly sank, and died of cancer in the rectum, at the age of sixty-four.

Case XXX.—A. M. was a thin, spare, weed of a man. I knew him, intimately, from 1837 to 1852. He then removed from my neighbourhood. About 1845 an attack of depression of spirits laid him up for several months. In 1870 I heard that he was very ill—slowly sinking, in fact. Having obtained permission from his medical attendant, I paid him a professional visit. He was suffering under a large carcinoma situated at the lower opening of the bowel.

Case XXXI.—B. D., a foreman carpenter, came under treatment in 1862, suffering from eczema of both legs, which, as he said, drove him almost crazy, they itched and smarted so unbearably. I told him I must not venture

to attempt a cure without first endeavouring to rectify the indigestion that was the cause of the eruption; that he must abandon the use of beer, tea, coffee, and cheese. He replied that he worked hard and must have his cheese and beer, but added that *he* would run all risks of consequent mischief if *I* would cure his legs. I ordered bran lotion (one quart of boiling water to be poured on to a double-handful of bran); I administered internally—

℞—Potass. Iodid. ʒss.
Liq. Potass. Ars. ♏xxx.
Infus. Gent. Co. ℥j.

Aquæ destillatæ ad ℥viij.—coch. ij., amp. ter in die, post cibum.

To the delight of B. D. his legs soon healed. One evening, however, shortly after the disappearance of the eruption, I was summoned hastily to see him, as he was supposed to be dying. I found him suffering severely from asthma. I administered hot water until he ejected the contents of his stomach. He had, a few hours previously, eaten heartily of beef-pudding and cabbage. The vomiting relieved him; nevertheless the asthma continued, though to a modified extent. The following morning, finding him still suffering, I ordered him to

soak his legs in a pailful of hot water, in which four ounces of mustard had been well mixed. This speedily caused the eczema to reappear in the former locale. At once his asthma subsided.

He refused to carry out legitimate instructions, I therefore declined longer to attend him. I lost sight of this patient altogether.

Case XXXII.—J. M., aged thirty-five, a farmer's wife, fell under treatment in April, 1866, suffering from Eczema Rubrum of the right leg. I confined her to bed, placed her on a diet of vegetables and milk, and used the following medicines:—

℞—Liq. Donovan. ʒss.
Tr. Cinchon. Co. ʒiss.
Spt. Ammon. Aromat. ʒss.
Aq. ad ℥viij., sumat sextam part. ter in die.

℞—Ad. Acet. Fort. ʒj.
Liq. Plumbi Diacet. ʒj.
Spt. Vini Rect. ʒj.
Liq. Opii Sed. ʒiij.
Aquæ ad ℥xx. Make a lotion to be kept constantly applied.

The leg speedily improved, but all attempts to set the digestive apparatus in order proved futile.

She resided in a country district where baths were unobtainable. I took my leave, having explained that she must look forward to a further attack of sickness before much time had elapsed.

Three days afterwards, I was again summoned to attend J. M. Eczema had reappeared —on this occasion, on both legs. I allowed her nothing but milk, soda-water, and grapes. I applied hot opiate lotions to the limbs. Recovery from the eczema was slow. When, however, the eruption terminated in desquamation, the indigestion from which she had, so long, suffered, had almost entirely disappeared.

It is Nature's custom to rid her children of internal irritation through the medium of the skin.

Yet why, I ask, should a delicate individual continue to suffer, year after year, and, finally, pass through a painful attack of erysipelas, eczema, gout, or rheumatism, when, by the use of such an agent as the Russian vapor-bath, he may withdraw poisonous material from his system in a perfectly painless manner?

Case XXXIII.—J. S., a widow, aged sixty, fell under treatment for erysipelas of the head

and face, three times during the year 1876. The crisis of the third attack was so serious in character, that I felt compelled, upon her recovery, to warn her as to future possibilities, in a manner as decided as it was fatherly.

She promised that she would entirely abandon the use of tea, coffee, cheese, the crust of pie and pudding, and ale and wine; also that she would consent to walk a distance of, at least, three miles daily.

About eighteen months afterwards, I met her in the street. She told me she had implicitly followed my instructions, and was now in the enjoyment of better health than she had experienced for many years. She added, that she saw that I was correct in stating that her past attacks were Nature's struggles after health.

CASE XXXIV.—C. V., aged forty-five, a colonel's widow, came under treatment in August, 1864.

*Symptoms.*—Flatulence, heartburn, dislike of food, combined with a feeling that she must, nevertheless, either take it or sink. Tongue foul, breath offensive, bowels constipated. Spirits so depressed that she was constantly in tears. Sometimes feared she should make off with

herself. Rest disturbed by horrible dreams. Was always either sleepless or very drowsy.

*Treatment.* — To walk at least three miles daily. To sponge with cold water, from head to foot, every morning. To adhere closely to the following scale of diet :—

*Breakfast and Tea.*—Cocoatina, very milky. Cold buttered toast, a little bacon, or an egg.

*Dinner.*—Beef-tea and charcoal biscuits for the next three days. Afterwards vegetables, fruit, soup, and milky puddings. At the expiration of a week, to make trial of a little boiled fish. Gradually to creep up to meat.

*Supper.*—Better without any; but, if very hungry, a little milk and water, and a charcoal biscuit.

*Medicine.*—To take

℞—Ad. Nitro-Mur. Dil. ʒss.
Tr. Calumbæ ʒj.
Syr. Zingiber. ʒiij.

Aquæ ad ℥viij., sextam part. ter die, horâ unâ post cibum.

C. V. made a rapid recovery. In August, 1865, she wrote that she was perfectly well. She added, naïvely, that her friends violently opposed her consulting me, in the first instance, inasmuch as they felt convinced that my starv-

ation system would soon kill a person in her then weak state of health.

CASE XXXV.—Miss A. M., aged nineteen, resident in London, and recommended to me by a former fellow-student, came under treatment in August, 1867. She had been dyspeptic, and, consequently, highly nervous for several years. Of late had been unable to sleep without taking a dose of chloral-hydrate every night. Still became weaker.

After investigating this case thoroughly, I arrived at the conclusion that, if A. M. would regulate her diet, and abandon her accustomed dose of chloral, she would speedily improve in health. This she steadfastly refused to do, on the ground that she should not sleep a wink if she were to omit to take her narcotic.

One afternoon I was summoned hastily to attend A. M. I found she had experienced an attack of epilepsy.

I, now, most peremptorily ordered, that not another dose of chloral—or, in fact, of any narcotic—should be taken. I, further, enjoined a light nutritious diet, also daily general ablutions.

The patient improved rapidly. She returned

home, at the expiration of four weeks, a changed individual, acknowledging that chloral was not, as she had supposed, a necessity of her existence.

CASE XXXVI.—M. W., aged about forty-five, a tradesman's housekeeper, was under treatment for asthma, dependent upon indigestion, on various occasions between the years 1862 and 1866. Light diet and alkaline medicines, never failed to afford considerable relief. In 1867 her master, who was a veteran total-abstainer, induced her to sign the pledge. The result was, that the asthma entirely disappeared.

*Remarks.*—I may mention, in this place, that Dr. Beaumont's experiments on Alexis St. Martin, proved that the introduction of alcohol into the stomach was invariably followed by inflammation of the lining membrane.

Dr. Benjamin Richardson is, beyond all question, justified in affirming that many a man who is a very moderate drinker, nevertheless, dies of drink.

Many stomachs are so keenly sensitive as to be quite unable passively to endure the presence of alcohol, even in minimum quantities.

To them, at least, it is veritably an irritant poison.

CASE XXXVII.—Jane P., aged about fifty, had suffered from indigestion for many years, but had not experienced much relief from medicine. Her struggles after breath, when attacked by dyspepsia-asthma, were terrible to witness. Her conjunctivæ were swollen to such an extent that the eyes appeared to be almost floating in fluid. Her face was, at all times, congested.

*Treatment.*—To walk two or three miles daily. To sponge from head to foot, piecemeal, every morning, using water at first tepid, but gradually reduced to cold.

*Diet.*—Never, from that hour forward, to taste tea, coffee, cheese, beer, wine, spirits, the crust of pie or pudding, any article of diet either warmed-up or cooked inside crust. To live exclusively on a diet of milk, vegetables, fruit, and fish, the last to be raised to meat if the stomach were found, in course of time, to be sufficiently strong to tolerate the change.

I attended Jane P. for about a fortnight—then I left her, and, 'midst the hurry of a large practice, entirely forgot her. Some twelve

months afterwards, I met her in the act of taking her daily constitutional. She informed me that, thanks to adhering closely to my system of diet, she quite lost the asthma, shortly after I ceased my visits.

*Remarks.*—This was, apparently, a hopeless case; one, in fact, of congestion of the internal membranes, of a very marked character.

CASE XXXVIII.—In September, 1871, I was summoned, in hot haste, to the bedside of A. T., aged forty, who had thrown up a quantity of blood and was dying.

Upon arrival I found that A. T. had vomited about twelve ounces of blood from the stomach. She was a sallow, bilious woman, and had suffered much from indigestion.

*Treatment.*—I confined her to bed, and ordered her to live exclusively on soda-water and milk, plus the jelly of grapes. Under the influence of this light diet, conjoined to rest in bed, the liver slowly unloaded itself; the patient, day after day, passing motions that were almost black in colour.

She made a recovery, tedious in duration, though satisfactory in result.

*Remarks.*—This was a clear case of ulcer of

the stomach, and, as usually happens in such disorders, dependent upon obstruction of the liver.

CASE XXXIX.—In March, 1868, I attended T. A., a professional man, aged forty-two, who suffered severely from indigestion, and consequent asthma. Week after week passed by, yet T. A. became thinner and more debilitated, and, that too, in spite of nominal obedience to the diet scale I had laid down for his guidance. At last I boldly inquired of his wife if I was correct in supposing that he drank more freely of wine than was good for him. She replied that, though never any approach to a drunkard, he had been a somewhat free drinker from the age of sixteen; and added, that several physicians of high repute, whose names she gave me, had pronounced his case perfectly hopeless.

A second examination of his urine confirmed a diagnosis that I had previously made, to the effect that he was in an advanced stage of albuminuria.

By dint of much persuasion, he consented to try my new system, as he called it, for the space of six months. The new system consisted in the total abandonment of alcohol, also

narcotics of all kinds; the diet to consist entirely of milk and grapes, and to be gradually raised, through the stages of beef-tea, soups, vegetables, and fish, until it, finally, reached the stage of meat.

Now for

*Results.*—At the end of four months he had gained three stones in weight; was perfectly free from asthma; could eat a beefsteak for his breakfast; walk four or five miles daily; and remain out of bed from 8 a.m. until 10 p.m., instead of from noon till two, as heretofore. An examination of his urine proclaimed the fact that the late disease of the kidneys had, to a great extent, subsided.

Now for the dark side of the picture—

Circumstances separated him from me. He returned to his old habits, and in a few months, died, I am told, suddenly; another victim to so-termed moderate drinking.

Case XL.—In July, 1876, I was called, late one evening, to see M. B., aged about twenty-five, whom I found dying. She had suffered from indigestion for many years, but had never laid up for it. That morning, feeling poorly, she had asked her ordinary medical attendant

to send her a little physic. So trivial in amount, however, did he consider her ailment to be, that, when sent for in the evening, he refused to attend.

*Remarks.*—This was, in my opinion, a case of perforating ulcer either of the stomach or duodenum. Doubtless, appropriate treatment would, had it been entered upon, many months previously, have warded off this family catastrophe.

N.B.—In spite of oft-recurring calamities, such as the death of M. B., the physician experiences the greatest difficulty in inducing his patients to believe that *functional derangement, existing year after year, points to organic disease at last.*

CASE XLI.—E. A., a gentleman of property, aged forty-four, came under treatment, in 1870, suffering from diffused eczema. He stated that he had always suffered from indigestion, but that he liked a good dinner notwithstanding. Eczema, however, was more than a joke; in fact, it allowed him no peace night or day.

The whole mucous tract was in a state of intense irritability. His tongue was peeled, he experienced considerable pain after taking food,

and his bowels were constantly on the work. Nay more, they were absolutely superficially ulcerated, as was proved by the fact of his, frequently, passing blood and pus with his motions.

*Treatment.*—Perfect rest in bed. His diet to consist solely of soda-water and milk, Revalenta Food, the jelly of grapes, and, if he felt very hungry, a little charcoal-biscuit carefully chewed.

To take the following medicine internally.

℞—Tr. Aconiti ♏xviij.

Ad. Hydrocy℥. Dil. ♏vj.

Aquæ destillatæ ad ℥viij.—sextam part. $4^{tis}_{\overline{h}}$ horis.

To apply to legs:

℞—Tr. Opii ʒiij.

Aq. ad ℥xx.

Within three days he felt wonderfully lighter and happier; in fact, in all respects, better, and as for his legs, they were famous. He could sleep, now, without tearing them to pieces.

At the expiration of a month this patient was perfectly cured, and was able to take the ordinary dyspeptic man's diet, such as cocoatina, vegetables, fish, and fruit.

I now dismissed him, with many cautions. A week afterwards I was again summoned to

attend E. A. A city friend had called upon him. The latter hated such starvation nonsense, he declared. E. A. had better get up his strength again by taking a good beefsteak and a glass of sound old sherry. Alas! E. A. yielded to persuasion. He drank a glass of good old sherry! Within fifteen minutes he felt rheumatism, lodged in his eyeballs: within four hours his legs and chest were, again, invaded by eczema.

A return to light diet speedily ridded him of his troublesome enemy. He gave up city dinners; took a house at Highgate, and, when I last heard of him, was enjoying a comfortable existence.

His friend, H. K., was also converted to moderation of a, for him, somewhat extreme character.

Case XLII.—W. H. sought advice in 1864. He complained a great deal of indigestion, but the thing that troubled him most was that as soon as he began to eat he was compelled to make a rush to the w.c., and, to speak truthfully, did not always succeed in getting there quite in time.

I explained that his symptoms betokened

violent irritation in the large intestine; and that it was most important that the irritation should, if possible, be arrested without delay.

*Treatment.*—Diet to consist solely of soda-water and milk, vegetables, fruit, cocoatina, charcoal-biscuits, and cold buttered toast. To assume the recumbent posture immediately after meals. To take a vapor bath, followed by cold sponging, every second day. The following medicine to be taken as directed:—

℞—Tr. Opii ♏xviij.
Tr. Aconiti ♏xviij.
Ad. Hydrocy℥. Dil. ♏vj.
Aq. destillatæ ad ℥viij.—Sextam part. horâ unâ ante cibum.

W. H., finding himself much relieved, at the expiration of about ten days, refused further treatment, and returned to his accustomed diet.

Nature, however, cured him in spite of himself. She threw him out into eczema from head to foot. Once more he sought my aid. For several weeks he lay, apparently, at death's door. When sufficiently recovered to stand, he was, as he expressed it, only skin stretched over bone. Nature made yet another struggle in his behalf. His appetite returned, like the big wave rolling on shore after having

been driven back by an earthquake. The quantity he ate was almost incredibly large—amounting to, as much as, two pounds of meat, a half-quartern loaf, three pints of milk; a pound of grapes; a fruit tart; some figs, and half a melon in the course of twenty-four hours.

I examined both himself and his excreta daily; and finding that he assimilated all he took, encouraged him to eat as much as he wished for. After a time the appetite fell to a normal standard, and the patient completely recovered health.

CASE XLIII.—M. A., an unmarried lady, thirty-two years of age, came under treatment in July, 1866. Her symptoms were very similar to those of J. H.

Medicines and regulated diet appeared to do her but little good, so I determined to, if possible, draw out the irritation through the natural eliminator, the skin.

As she lived in a district where vapor baths were unobtainable, I used the water pack. At the end of a fortnight an eruption, resembling nettle-rash, appeared upon the surface of the body. In two days it became papular, in eight

it was vesicular, in twelve pustular, in eighteen squamous. The scales continued to re-form for several weeks.

This patient completely recovered.

*Remarks.—How to pack a patient.*—Envelope him in a sheet which has been dipped in tepid water, and thoroughly wrung out. Wrap him in a dry blanket and cover him with three or four others. Tuck a down coverlet over all. Let him remain packed from thirty to sixty minutes, according to the sudorific effect produced. Remove every covering. Dry him. Sponge him over with cold water. Dry him again. Let him rest.

Case XLIV.—B. W., aged forty, has, since infancy, suffered from indigestion. Of late, family troubles, plus losses of money, have beset him on all sides. Two small ruptures—one in each groin—have, as a result of depressed vital powers, formed. Is not conscious of having overstrained himself; but, having a large family dependent upon his earnings, is very anxious to, if possible, rid himself of his herniæ.

I explained that, inasmuch as he was beginning to descend the hill of life; and inasmuch

as, moreover, his protrusions were, as far as I could ascertain, the outcome of a natural yielding of tissue, I could not promise any result beyond relief obtained by mechanical means. Nevertheless I advised him to consult a London specialist. The latter guaranteed him a cure, within two years; and ordered him a new form of truss, for which the maker charged three guineas.

B. W., like most dyspeptics, possessed a highly sensitive skin, and, not infrequently, suffered from eczema. His truss kept him in a state of continued irritation, round the pelvis; moreover, the hinges formed by the junction of the springs with the pads, frequently picked up the pubis. He bore his purgatory, with comparative equanimity, for the space of three years. One morning he, maddened by prolonged suffering, called and informed me, that unless I could supply him with something in the form of a truss, much less irritating than that which he was then wearing, he must seek other advice, as he would no longer consent to bear pain, which he believed to be susceptible of obviation, by means of skilful surgery.

I obtained from a neighbouring chemist an

ordinary spring truss of the required size; and this I, myself, adjusted.

Within a week the redness of skin had departed from the whole of the recently-invaded surface, with the exception of one patch, about an inch in diameter, and situated over the last dorsal spine of the sacrum. This patch, however, persistently refused to yield to the soothing treatment adopted.

I now removed a portion, two inches in length, from the back of the spring of B. W.'s truss. This afforded relief to the tender spot mentioned. Nevertheless, the pressure induced by the divided ends of the spring proved insupportable. I removed a further portion, two inches in length, but, alas, with a similar result. I now took away a third portion, of similar dimensions; but still the pressure proved unendurable.

I obtained from Maw's, Aldersgate Street, a truss made of the very best, and consequently softest, materials; and containing a spring of *extreme feebleness*. From that spring I directed a saddler to remove nine inches of the middle portion, and, very carefully, to re-sew the coverings.

What small amount of grip was necessary, I obtained through the medium of the grasp

that the remaining portions of spring exerted upon the ilia, resting as they did, between the superior and inferior spines. Pressure I secured by means of a strap passed from a pin situated on the back of one pad, to a similar pin, projecting from the back of its fellow. This instrument answered its purpose admirably.

Maw's firm is prepared to vend appliances of the kind for the sum of seven or eight shillings. I have requested that every truss of this variety that they sell shall be impressed with my name; also the size, stated in inches.

I drew the attention of the profession to this form of truss in "The Lancet," of April 12th, 1879.

The advantages that I believe it to possess are as follows:—

Whilst perfectly fulfilling the object for which it was called into existence, it is—

(1) Inexpensive;

(2) It never irritates the skin;

(3) It cannot become entangled with the pubis. Inasmuch as it fits closely, and requires but dwarf brass pins,

(4) It does not impart a bunchiness to the figure;

(5) It does not destroy the under garments; or,

(6) Cause them to ride up and collect in a roll on the loins; also

(7) It does not involve the use of galling perineal straps to keep it in position.

(8) It presents the minimum of impediment to the introduction of the hands to the trousers pockets.

There are sundry precautions to be taken during the process of manufacture of this truss; these, however, Messrs. Maw's workmen are well posted in. I recommend sufferers from the milder forms of hernia—mere bubonoceles in fact—to obtain these instruments from Messrs. Maw, through the medium of their local druggists.

B. W. was delighted with his truss. He has not had an irritable spot on his pelvis since he began to use it.

The late Mr. John Adams, surgeon to the London Hospital, who chanced to be staying in Dover, saw this patient in consultation with myself. He highly approved of the truss I provided. He further gave it as his opinion, that a cure of the hernia was a termination of the case, scarcely to be hoped for.

Shortly afterwards, B. W. applied to me stating that as soon as his stomach became

upset, his ruptures always gaped very much. I purchased a Savory & Moore's ear-douche; I removed the nozzle, and substituted therefor a flat rose.

By means of this he irrigated his inguinal regions night and morning. The stream of water thus adjected bound him up beautifully, he said.

B. W. continues to suffer from indigestion. He has given up all hope of curing his herniæ. He uses his douche persistently. He often rallies me about my friend, the London specialist, and pronounces the £3 : 3s. truss to be a transaction that put, at least, £1 : 1s. into the specialist's own pocket.

Case XLV.—C. F., aged fifty, consulted me in 1865. He had suffered from indigestion, also from eczema, for many years; but by very far the greatest of his troubles was prolapse of the lower bowel.

*Treatment.*—To live on light diet; to eschew tea, coffee, cheese, beer; also suppers. To pump a stream of cold water, against his perineum, for five minutes, night and morning.

I only saw C. F. once. Two years afterwards he again called on me in reference to

the illness of a very aged relative. He told me that my water-douche soon took his bowel up.

November, 1880.—A high-class assurance society has just, and at my recommendation, issued a policy upon his life.

Case XLVI.—C. K. consulted me in 1868. Had never suffered much from indigestion until 1865, when, having exchanged a thick double-breasted coat for a thin open one, he rode outside the coach from Dover to Deal in the teeth of a cutting east wind. He did not think it was cold until he got to the top of the Castle Hill; or he would not have been guilty of such folly.

I examined this patient carefully, and finding that liver, kidneys, and bowels were free from disease, I could arrive at no other conclusion than that the solar plexus was the organ at fault.

*Treatment.*—To have both waistcoat and upper portion of trousers lined with cricketing flannel. To wear a broad flannel belt. To live as much as possible on fluid food, and to take that at the temperature of the body. To use the vapor-bath twice a week, and to take a strychnine pill (grain one-thirtieth) night and morning for

three months. To consider a chill as his bitterest foe.

C. K. continued this treatment for four months, when, feeling very much better, he allowed Nature henceforth to take her own course. Somewhat to my surprise, much to my satisfaction, he perfectly regained former health.

CASE XLVII.—T. G., aged sixty, consulted me in January, 1878. Had been under treatment for two years, on account of cough, coupled with frequent vomitings. Did not suppose I could do him any good, in fact, believed he was doomed; and would rather die than suffer as he did.

A careful examination proved to me that T. G.'s principal ailment was congestion of soft palate and upper part of pharynx.

*Treatment.*—To remain indoors whenever the wind blew from east or north; to walk briskly in the open air when it came from west or south. To live on light food. To wear, round the throat, every night, a flannel well sprinkled with warm water, a dry flannel being superposed. The affected portions of the throat to be brushed lightly over with Tr. Ferri Perchlor, every morning; to use a steel gargle (Tr.

Ferri Perchlor. ʒj., Aq. destill. ad ℥viij.) three or four times daily.

*Results.*—Within three days he was much relieved. At the expiration of a fortnight he considered himself cured, and right glad was he to have no more brushes down his throat.

In my opinion, much of the dread that patients entertain in reference to the painting of the throat, arises from the fact that practitioners are not quite as careful as they might be to avoid touching structures, rendered morbidly sensitive by diseased action, with the quill of the brush. I have never yet met with an individual incapable of tolerating contact with the soft bristles of the instrument.

Case XLVIII.—E. M., aged twenty, was never well; in fact, her stomach was always upset. The diagnosis in this case was extremely easy, her wasp-like shape pointing, unmistakably, to constriction of the waist as the cause of the disorder.

*Treatment.*—To take light food only. Above all, to wear the stays loosely laced. To take no medicine at all. To sponge with cold water from head to foot every morning.

This patient made a speedy recovery.

CASE XLIX.—C. B., a young giant, aged seventeen, and nearly six feet in height, was brought to me in August, 1875. He was growing at the rate of upwards of four inches a year. He ate so enormously, his mother stated, that she really feared he must, some day, fall in a fit. C. B. himself stated that he was always hungry, notwithstanding his great eatings, and that he could attack a leg of mutton at the moment that he was addressing me.

The anxious mother asked if I suspected the existence of worms. After careful examination of the patient, I could only conclude that he perfectly assimilated all he ate, and that there was no evidence of the presence of parasites. I therefore congratulated the lady that her son's digestive organs had proved themselves equal to the strain, necessarily imposed upon them, by his rapidity of growth. As she quitted my consulting-room, she informed me that he was destined for the army, but did not appear able to study. I urged that no study should be permitted as long as he continued to grow at his present rate.

I saw nothing more of C. B. I do not doubt but that he, in course of time, made a perfect recovery from a monster appetite.

Case L.—A. N. M., an unmarried lady, aged thirty-two, consulted me in 1870. Her digestion was terribly bad; that, however, she was not at all surprised at, as a tendency to dyspepsia pervaded her family. The redness of her nose was that for which she desired, more particularly, to consult me. Many persons thought she drank, and this annoyed her excessively, as she was most abstemious in her habits.

*Treatment.*—To take light food only. To walk at least three miles daily. To sponge from head to foot, every morning. Never again to touch tea, coffee, cheese, beer, or wine. To make trial of the following medicine:—

℞—Potass. Iodid. ʒss.
Potass. Bicarb. ʒss.
Tr. Cinchon. Co. ʒj.
Spt. Ammon. Aromat. ʒj.
Tr. Aconiti ♏xij.

Aquæ ad ℥viij.—℥ss., ter die post cibum.

℞—Ung. Hyd. Nit. Ox. ʒj.
Paululum nar. n. m.q. infricand.

This patient did not improve. After a time, I began to suspect secret drinking. My suspicions proved correct. 'Twas anothèr crime to be laid at the door of The Grocer's Licence.

CASE LI.—M. B., aged twenty-eight, an unmarried lady, came under treatment, in July, 1876. She had suffered from indigestion, for a prolonged period. Usually felt as if she had a hot brick in her stomach. Of late, her nose and chin had begun to show red spots, and to smart very much. She was greatly perturbed in mind lest she should be thought a drunkard. She was no drunkard—far from it—in fact she was all but a teetotaller.

I soon discovered that the chief cause of the indigestion and redness of face was the somewhat large use of tea. I ordered her entirely to abandon tea and coffee, to live on light food, to walk several miles daily, and to sponge, from head to foot, every morning. To apply a tiny quantity of Ung. Hyd. Nit. Ox. to the spots on the face twice daily, and to take the following mixture:—

℞—Potass. Iodid. gr. xij.
Tr. Aurant. ʒij.
Spt. Am. Aromat. ʒj.
Syr. Zingib. ʒij.
Liq. Potass. Ars. ♏xxx.

Aquæ destill. ad ℥viij.—℥j., ter die horâ unâ post cibum.

This patient made an excellent recovery.

She, however, craved so intensely for her tea that I allowed her a single cupful of her favourite beverage, infused with cold water, from high-class leaf, twice daily.

*Remarks.*—This case must be read, side by side, yet in contrast, with that of A. N. M.

Case LII.—E. B., aged fifty-eight, came under treatment in December, 1866. He had suffered from dyspepsia for many years; of late he had become afflicted with asthma. As he derived little or no benefit from the treatment I prescribed, I requested permission to examine his business premises. I soon discovered the cause of his disorder. His warehouse was low-pitched. His office was situated in a corner thereof, and was so devoid of light that he was compelled to burn gas throughout business hours. Moreover, just outside it, stood a urinal, used by the men in his employ, and which was not even trapped. In this office E. B. spent the time that lies between 9 a.m. and 7 or 8 p.m.

I ordered the urinal to be removed, or at least trapped, and abundantly supplied with water; the warehouse to be whitewashed; perforated zinc to be substituted for glass in the

upper framework of the office walls; a chimney to be placed over the gas-burner; the patient to keep an oxygen-gas inhaling apparatus in his office, and to inspire one pint therefrom three or four times daily. Under no circumstances to omit to walk in the fresh air for the space of ten minutes, every fourth hour.

Of course, I, from the first, placed him on dyspeptic man's diet. He improved considerably, though not to the extent that I desired, so I asked to be allowed to visit him at his home.

I found his house situated in a, by no means, broad street. It was small, and stood between two larger ones. Behind it was a perpendicular cliff, some 250 feet in height; in front stood several three-storied tenements. The windows were nearly covered with curtains. The dwelling was, in fact, the abode of darkness.

I explained to him that, as with the vegetable, so with the animal, light meant life, darkness death! That 'twas impossible he could enjoy health under such conditions. His wife appeared decidedly angry with my statement. She said she hated such a glare; besides, she did not wish to see all her furniture spoiled.

I called at the office the following day, and

once more, laid truth before E. B.—that dyspepsia, plus asthma, went on, if unchecked, to disease of liver first, to disease of kidneys next. I urged him to give up his gloomy house, and take a residence near to the first country station—two miles, in fact, inland. He refused. Three months afterwards he visited me and stated that his wife and himself had determined upon following my advice.

They retired to the country accordingly. E. B. speedily lost his asthma and recovered digestive ability.

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The three following cases illustrate the power of displacement of organs in the causation of dyspepsia.

Case LIII.—J. D., aged twenty-eight, a refreshment-house-keeper, came under treatment, suffering from indigestion, in June, 1876. He stated that he had been slightly dyspeptic for several years; that he had ruptured himself about twelve months previously, and had been worse since the occurrence. Upon examination I found him suffering from a bubonocele in the right groin.

I gave him the necessary instructions as regarded diet; ordered him to wash from head

to foot every morning; and to wear a truss, such as I should obtain for him.

J. D. was, in common with other dyspeptics, extremely thin-skinned. In a few days he came back telling me that his truss had rubbed his spine sore, and that he could not bear it as he had to do a lot of stooping. I had the truss altered to the pattern worn by B. W. The sore on the spine soon healed and the indigestion nearly disappeared.

N.B.—It is my custom, when dealing with the victims of hernia, invariably to recommend the use of the double form of truss. My reasons for so doing are that, no matter whether the lesion arises from accident or debility, that which affects one groin must, to a great extent, affect the other also. Moreover, the sufferer will, to a certainty, though perhaps unconsciously, overtax the sound limb in order to lighten the load of that which is already in a state of imperfection.

Case LIV.—M. W., aged fifty, the mother of ten children, sought my advice in 1876. Her uterus was not only prolapsed, but superficially ulcerated also. Her great complaint, however, was, that if she only took a cup of tea, it lay like a lump of lead at her chest.

A few applications of caustic cured the ulceration of the prolapsed organ. I returned the uterus to its natural position, and retained it there, by means of an elastic pessary. This, conjoined with a regulated diet, daily ablutions, and a course of strychnine pills, afforded vast relief to M. W.

CASE LV.—M. N., aged forty-eight, lodging-house-keeper, came under treatment in June, 1878. She suffered much from dyspepsia. Her life was despaired of, after the birth of her first child, thirteen years since. She has now an umbilical hernia, the size of two fists. She cannot trace her rupture to any accident. Thinks it came of itself.

A persevering catechization convinced me that the rupture was caused by general debility, the result of indigestion.

*Treatment.*—To wear an abdominal belt with elastic sides: to live upon the dyspeptic's diet, already, and so often, mentioned; to have a cold shower-bath every morning, and to take a strychnine pill night and morning.

*Remarks.*—At the expiration of three months, this patient had greatly improved in general health; also, the gaping sensation, that formerly

existed in the neighbourhood of the hernia, had disappeared.

Case LVI.—A. P., draper's wife, came under treatment in March, 1862. She was six months advanced in her first pregnancy. Her stomach would retain nothing. Her chest scalded as if burned with hot lead.

In this case there existed a peculiarly ugly symptom. One side of her face was flushed, the other pallid. I explained to her relatives that this betokened an irregularity of nervous distribution, that caused me to look forward to her accouchement with feelings of the gravest apprehension.

Every means employed by myself and a brother practitioner to arrest vomiting proved futile. One morning, when I called, she appeared very much relieved. She informed me that some medicine, brought by her father from the country, had arrested the vomiting in a few hours. Of course I begged leave to read the prescription, according to which it was compounded. It ran as follows:—

℞—Mag. Carb. ℈j.
Ol. Cassiæ ♏x. Bene misce.
Æther. Chloric. ʒiij.
Liq. Calcis. ℥vj.
Aquæ ad ℥xvj. Take a table-spoonful every

ten minutes until vomiting ceases; then every two hours. If a dose be rejected, give a second immediately.

This I write from memory.

The vomiting ceased. Labour came on in due course. All went well for the first three days. Then restlessness and fever set in. She died of puerperal mania on the tenth day.

*Remarks.*—I have tried this same mixture with many pregnant women since I attended A. P. I have not found it *generally* successful. With some, however, it has produced excellent results. Many individuals are unable to tolerate the taste of the oil of cassia.

Case LVII.—W. H., aged sixty, was a foreman cabinet-maker. He was a sallow man, with very watery eyes. When I first hinted to him the advisability of using caution in his diet, he smiled at the suggestion, and said that he had always considered himself a very healthy man. A few months after this event happened, I was, one morning, summoned hastily to see W. H., as he was in a fit. Upon examining his urine I found he was voiding albumen in considerable quantities.

I placed him upon spoon diet, and entirely

forbade the use of tea, coffee, or alcohol. He refused to give up his daily quantum of ale; nevertheless, he, for a time, greatly improved in health.

Shortly afterwards I was again summoned to W. H.'s aid. He was enjoying his pipe and glass in a hot tap-room when he fell backwards in an epileptic fit.

He now consented entirely to abandon both drinking and smoking; but, alas, his day of grace had departed. Irregular nervous action of a very marked character set in. When he had not a headache, he could digest nothing. One Saturday, he told me he was so much better, that he intended to return to duty the following Monday morning, after breakfast.

On Monday about 8 a.m., epilepsy again seized him. He died at 2 p.m. the same day.

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The two following cases demonstrate the power of mental emotion in the causation of Indigestion.

CASE LVIII.—A. B., a medical practitioner, middle-aged, and in poor circumstances, sought my advice in May, 1862. He stated that he had, for a length of time, attended C. D., an

unmarried woman, aged twenty-two, and that when, lately, he sent in his account, one of her relatives called, accused him of most unprofessional conduct towards the girl, refused to pay his fees, and threatened exposure. This had happened four days since, and since that time he had eaten but little, and digested nothing.

Fortunately for A. B., I was acquainted with the antecedents of C. D. I told him at once, that I did not doubt but that I could, very speedily, see him righted, and that, too, upon all points. Immediately the expression of his face changed. I bade him rest on the couch of my consulting-room, whilst I visited C. D.'s mother. On my arrival I refused all colloquy with C. D., and demanded to see her parent. I explained to the latter that I knew her daughter's past history; that, whereas A. B. was, as she was clearly aware, an indigent man, I was well to do; that unless all charges against him were withdrawn, and his bill settled within one week, C. D. would find me ranged, side by side with A. B., etc. etc.

Before he left my house he partook of a good meal.

It is needless to add that his account was

paid. Also that C. D. troubled him no more.

CASE LIX.—E. C., aged forty-six, a man who stooped, was grey-headed, and, in fact, showed decided symptoms of premature decay, came under treatment in March, 1863. He had sent his wife, to whom he was devotedly attached, to Dover, for change of air. She was not supposed to be seriously indisposed; notwithstanding, she died with extreme suddenness, shortly after her arrival. E. C. was telegraphed for, and arrived only to receive the fatal news. When informed of the catastrophe that had overtaken him, a deadly pallor o'erspread his face; he seated himself, and said very calmly, "Then I wish to go to her."

He took little or no food. He sat in front of the fire, wearing his overcoat, all day. He spoke to no one. He said plainly, "Why should I take food? It does me no good."

This state of affairs continued for about a fortnight; then miliary tubercle began to appear in the lungs. Within five weeks of the death of his wife, E. C. was laid at rest beside her.

CASE LX.—In January, 1873, I was called

to see E. T., aged about forty-five. She had been, for several days, under treatment, before I saw her, and was pronounced to be suffering under a severe bilious attack. Her prominent symptoms were diarrhœa, vomiting; dryness of mouth, plus some amount of sordes on teeth. I speedily arrived at the conclusion that she was the victim of blood-poison.

I commenced, at once, with spoon diet, a small quantity frequently repeated; and a mixture containing quinine and arsenic.

At the end of about six weeks, she was sufficiently recovered to go for change of air—first to Tunbridge Wells, next to Malvern.

She was not herself again until the lapse of about four years. Although she had not left home for several weeks prior to seizure, all attempts, on my part, to discover the cause of her attack proved futile.

Case LXI.—In May, 1876, M. S., aged fifty-seven, fell under treatment. Her symptoms were vomiting, purging, a dry tongue, sordes on teeth, insomnia.

Knowing that, even in health, her stomach was very intolerant of quinine and acids, I treated her with—

℞—Tr. Cinchon. Co. ʒij.
Spt. Ammon. Aromat. ʒj.
Syr. Zingib. ʒiij.
Liq. Pot. Ars. ʒss.
Aq. destill. ad ℥viij., sumat ℥j. $4^{tis}_{m}$ horis.

She inhabited a mansion, the drainage of which I knew to be very good; nevertheless, I examined it from roof to basement, but without finding any cause for the attack.

M. S. was one of those wise housekeepers, who take upon themselves the active superintendence of all household arrangements.

She chanced, on one occasion, to mention, that, she had recently let her house furnished, to a gentleman of rank, and that a few days prior to seizure, she had, on retaking up her abode, discovered under her sink, a tub containing a large quantity of decomposing matter, both animal and vegetable. The cause of her illness was thus made manifest! This patient has enjoyed several changes of air, and those, too, severally extending over many weeks; still the old symptoms, occasionally, show out.

May, 1879.—M. S. is again under treatment.

November, 1880.—M. S. has visited Canterbury for the purpose of consulting me. She is suffering as of yore.

CASE LXII.—In September, 1877, I attended B. M., aged forty-five, a married lady without family. She was clearly suffering under blood-poison. Nausea, vomiting, and indigestion of a marked character, constituted prominent symptoms of her attack.

After carefully examining the premises, I looked out of the window, at which she was accustomed to sit. I observed that the joints of the down rain-water pipe, were not efficiently stopped. The wind had, of late, blown from a quarter calculated to convey sewer gas directly in through the open casement mentioned.

I ordered that all the joints of the pipes surrounding the house should be thoroughly stopped. This item of hygiene, combined with quinine and good nourishment, soon brought recovery to B. M.

N.B.—Rain-water pipes are usually connected only with surface-drainage. As a fact, however, they are not unfrequently found equal to the conveyance of much effluvium through open windows.

CASE LXIII.—In June, 1876, I attended J. H., aged fifteen.

Almost immediately after his return from

school he began to show symptoms of blood-poison; diarrhœa, vomiting, and dryness of mouth, being especially noticeable. The water-tank, from which the family supply was drawn, had been allowed to remain uncovered. In it I found a heap of impurities of various kinds, including the decomposing body of a kitten.

The tank was cleansed; the water used in future, both for cooking and drinking purposes, was filtered through charcoal, and J. H. speedily recovered health.

Case LXIV.—In April, 1875, I attended the members of the B. family, all of whom were attacked with diarrhœa and vomiting.

In the case of the B.'s, the mischief was clearly traceable to the filthy condition of the cooking utensils. They were thoroughly cleansed, and the B. family, in due course, regained strength, though a beautiful little boy of five, had a narrow escape of losing his life.

Case LXV.—In December, 1876, I attended several members of the D. family. They had no particular disease, but they had, of late, all lost their appetites, and felt weak and ailing.

A careful examination of the premises convinced me, that their ailments were caused by sewer gas, which escaped from a pin-hole aperture in the soil-pipe of the w.c., which soil-pipe passed from ceiling to floor of the larder!

*Remark.*—Soil-pipes of w.c.'s should *always* be conveyed down the *outsides* of houses.

CASE LXVI.—In November, 1867, W. H. B., a bachelor, aged forty-eight, sought my advice. He said that, for some weeks, he had been continuously becoming queerer and queerer. He further stated that he could digest nothing. He added that he fancied his under-linen smelt very unpleasantly.

I called at his house, and examined a quantity of wearing-apparel that had recently arrived home from the laundry. The smell was characteristic of advanced cancer. Alas! I had smelt it but too often! His laundress was, when questioned, compelled to admit that she did receive garments, of a most offensive character, from a patient suffering under that terrible disease.

I ordered W. H. B. to provide himself with new under-linen, sufficient for present use; to throw all his supposedly clean garments into a large tub of water to which some Burnett's

fluid had been added, and to refrain from again wearing them, until The Great Disinfector —Nature's fresh air—had been permitted to blow through them for the space of a week.

I, further, directed that he should take a vapor-bath, every fourth day, for three weeks; and also that he should, if possible, and for the rest of his life, do his washing on his own premises. He speedily recovered.

*Remarks.*—I recommend every man who is blessed with a garden, to refrain from sending his linen to a laundry. I shall not forget, that, some eighteen years since, I attended the little son of a laundress, suffering under that deadly disease, Scarlet Fever, who lay in a room, surrounded by clothes, that were shortly to be returned to some eight or ten families.

Every town should possess a public laundry, which latter ought to undergo frequent inspections at the hands of the local Medical Officer of Health.

Case LXVII.—In July, 1877, C. B., a married lady, sent for me. She stated that her family had always enjoyed good health, until they entered upon residence at their present place of abode, but that now, none of them

were in a satisfactory condition. She added that she felt satisfied that there must exist an impurity somewhere about the house; and that, knowing that I was a Medical Officer of Health, she had preferred to send for me—a practical man—in reference to sickness dependent upon undiscovered insanitary conditions.

I examined the premises very carefully, yet did not succeed in discovering a sufficient cause for the indisposition mentioned.

As I was about to take my departure, uncomfortable at the reflection that I had failed in the object for which my advice had been sought, the lady suddenly requested me to wait a moment, as we had not yet visited the larder.

It was situated underground. Outside the window was a small area. In this area I espied an untrapped drain. The family edibles were spread out, close to the area already mentioned, in order that air, supposed to be fresh and pure, might pass over them.

I ordered all the food that the larder contained to be burned; the drain to be, forthwith, trapped; both the larder itself and the utensils it included, to be disinfected. The place itself to remain unused for, at least, a month.

C. B.'s family speedily recovered from their late indisposition.

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The physician, every now and then, stumbles across a case, that runs counter to all his theories in reference to diet, and appears to be governed by laws yet to be discovered. Of such a character are the four now to be recorded.

CASE LXVIII.—W. R., aged twenty-four, came under treatment in April, 1865. He stated that he had, from infancy, suffered more or less from indigestion, and that the eating of roast-mutton, *sometimes* caused him to break out into nettlerash.

I requested him to observe, if the conjunction of the dish with the eruption, did not occur only when the wind blew from the *east*.

He called upon me, a few months afterwards, and stated that my surmises had proved correct.

Cold sponging every morning; a vapor-bath twice weekly; and a regulated diet of light food, brought speedy relief to W. R.

Additional clothing, when the wind blew from the east, prevented a return of the nettlerash.

*Remarks.*—Beyond question, many cases of indigestion are materially aggravated by insufficiency of clothing, and intensified by the existence of easterly wind.

CASE LXIX.—E. M., aged fourteen, was brought to me in 1860. She was naturally delicate, and had always suffered from indigestion. Of late her spine had begun to curve, laterally.

After seeing E. M. six times, I lost sight of her for about nine months; then I was requested to visit her at her father's house. I found her confined to bed, a mere skeleton, unable to take food; in fact, to all appearances, rapidly sinking.

I suggested the taking of milk, eggs, grapes, fruit, vegetables, beef-tea, soups—but to each suggestion I received the stereotyped answer, "I can't eat it, Doctor."

I then requested her to name a dish that she thought would suit her palate. She replied, that she would very much relish some cold boiled beef and pickles; but added, that, of course, she knew she must not partake of *that.*

I instructed her relatives to give her any

reasonable amount of her favorite dish, that she might desire.

She took almost *no* other food for a period of about six weeks; then a normal appetite began to return.

Within four months she was able to walk about the house.

November, 1880.—Her spine remains sadly crooked. Her general health appears excellent.

CASE LXX.—G. P., aged seventy-six, dying of natural decay, in 1868. She can take neither milk nor farinaceous foods. She only desires bacon and cabbage, plus a little sherry.

I can, to some extent, understand this case. G. P. was a farmer's daughter; consequently, in early life, the solids she now craves for, were staple foods.

When the circle of existence is on the point of completion, it is, not unfrequently, found to be the case, that the two ends correspond, and that, too, in many particulars.

CASE LXXI.—G. E., aged sixty-two, has always been dyspeptic. Nearly died of dysentery thirty years since. Has an exquisitely sensitive

spot under the cartilages of the right ribs. Can, at all times, induce vomiting by exerting the smallest degree of pressure on the tender spot mentioned. He, now, lies dying. He has been ill for some time, and was recently injured in a railway collision. Can eat nothing but lobsters and tripe.

These are sent from London, twice weekly, to his home in the western counties; and these he, apparently, digests.

The post-mortem examination, held on G. E., revealed the presence of a stone impacted in the common gall duct, and also inflammation, the result of a blow received in the collision, surrounding the spot indicated.

Case LXXII.—M. T. R., aged eighty, had, for many years, suffered severely from indigestion. Being in easy circumstances, she was accustomed to indulge in the pleasures of the table; and from these she refused to debar herself.

On the occasion of my first visit she loudly bewailed the agonies she suffered at the hands of acid dyspepsia. She further stated, that she had, for a length of time, lost the use of her legs; also that her urine constantly dribbled

from her. She refused me permission to explore the bladder.

Her insomnia was of so marked a character, that she, not unfrequently, swallowed the contents of one of Collis Browne's small bottles of Chlorodyne, in the course of a single night. Her custom was to take soda, potash, and magnesia, *ad lib.*, in order to relieve heartburn.

At the age of eighty-six she consented to permit me to introduce a sound into the bladder. I found the viscus nearly filled with soft calculus.

I explained to M. T. R. that relief was scarcely to be obtained, except through the medium of an operation; but that surgical interference was a matter bristling with perils to an individual of her advanced age.

She replied that she would elect to run all risks, rather than continue to endure the torments she had, for so many years, suffered.

A London operating surgeon dilated the urethra and removed the calculus. The patient sank about three hours after the performance of the operation.

The calculus was of the phosphatic variety, and was, in all probability, to a considerable extent, the outcome of the large doses of alkali

she had been accustomed to indulge in, for the relief of heartburn.

Remarks. — This case demonstrates three facts—

(1) That long-continued functional derangement usually terminates in organic disease.

(2) That it is a most unwise proceeding on the part of dyspeptics to physic themselves.

(3) That women, when they refuse to submit to necessary examinations at the hands of a medical man, not unfrequently, by that negative act, decline to ward off future suffering.

## CHAPTER XXIV.

### ON RHEUMATISM, GOUT, CONSUMPTION, CANCER, AND INSANITY.

I FEEL that it would ill become a man who, like myself, has devoted much time to the study of indigestion, to lay aside his pen without inditing a passing notice of these, its five most dire resultants. Indeed, by the light of indigestion we, I take it, learn the reason of past failures, and read the first lines of the future more hopeful treatment, of these scourges.

*Rheumatism* does not, as is popularly supposed, depend upon taking cold. The great predisposing cause is acid dyspepsia; the slight exciting cause is the reception of a chill—a something, in fact, that drives the blood from the surface to the already overburdened digestive tract. *I utterly deny the incurability of rheumatism—except in the very chronic cases where* either destruction of a joint, or disintegration

of one or more of the digestive organs has actually come to pass. There is scarcely a disease extant that proves more amenable to scientific treatment. The individual who will study his stomach sufficiently to prevent the supervention of acid dyspepsia, and who will keep up the action of his skin, through the agency of the vapor-bath, can scarcely suffer from rheumatism.

In cases of acute rheumatism, it is a matter of primary importance that the aid of the bath be sought, in the earliest stages, inasmuch as, when the disease is once established, the pain involved in the performance of the slightest act of locomotion, is so severe in character, as to exclude the possibility of bath-medication.

*Gout*, also, is directly dependent upon indigestion. The acid, through the agency of which, the system becomes, in cases of gout, poisoned, is generated in the stomach. A judiciously applied system of baths, coupled with scrupulous care in the avoidance of greasy dishes—nay (so termed), *high living* in its entirety—will both prevent and cure this painful malady. The difficulty to be encountered lies in the fact that gouty old gentlemen, usually, openly confess that they would prefer good dinners plus gout,

to abstinence from luxuries, coupled with freedom from its pangs. In the face of such a confession the medical man is, of course, reduced to silence. Mentally, he remarks that the speaker is a very selfish person, who, in order to gratify his own appetite, scruples not to hand down misery to perfectly innocent descendants.

*I as firmly deny the incurability of gout, as I do that of rheumatism.* Baths, however, must, in this disease, be used under the eye of a qualified hydropath alone. It is an inflammatory affection, and, as such, apt to throw off internal irritation in the form of erysipelas. This latter affection is very terrifying to on-lookers. The non-professional mind fails to realize the fact that a patient dies—not of a certain disease, such as erysipelas, but *in spite of* it—that every disorder is, in reality, Nature's struggle after health. This is, nevertheless, the fact. The first three or four baths taken, should not, each, exceed five minutes in duration.

*Phthisis Pulmonalis, or Consumption.*—Whilst, on the one hand, I should consider myself to have earned the, by no means desirable, soubriquets of Quack and Charlatan were I to insist upon the curability of every case of consumption,

I do not scruple to assert that judicious treatment, by means of baths and regulated diet, plus appropriate hygiene, will render many cases, that are incurable under the old system, curable under that, the adoption of which, I urge. Very much depends upon the treatment being entered upon, in the early stages, before distant organs have begun to suffer.

This disease is not so *apparently* dependent upon malnutrition as is rheumatism or gout; nevertheless it is *actually* so. What does the formation of a cavity in the lung imply? This—that a deposit of morbid material has, some time previously, taken place in the general circulation; that that deleterious matter has been cast on one side, *outside the circulation*, and, therefore, in a sense, in a comparatively non-injurious position; and that Nature is making a supreme effort to cast off that foreign matter. *Phthisis, like every other disease, is an attempt at cure.* We know, as a fact, that even under the somewhat unsatisfactory system of treatment usually employed, one case in ten terminates favourably. In the post-mortem room we, occasionally, find cicatrices in the lungs of individuals who have never, during life, been credited with being the victims of the disease.

*Yet, here, we see absolute proofs, not only that it has existed, but also that it has undergone spontaneous cure.* Unload the pores of the skin, relieve the internal congestion, and, at once, Nature has some approach to fair play—some chance of working under reasonably favourable conditions.

*Of Cancer* I desire to write but in the most guarded terms. The practitioner very seldom sees it in the early stages of the disease. In almost every case there is a distinct history of indigestion—and, consequently, of malnutrition—previously experienced. Hence, I think I may, without overstepping the bounds of honesty and prudence, assert, that if we can prevent the occurrence of congestion—the invariable sequela of dyspepsia—cancer, the first stage of which is that of congestion, may be postponed until advanced age brings about natural decay, possibly of the cancerous variety.

*Insanity*, again, is, frequently, the direct product of dyspepsia. In many cases, rheumatism is actually present—may be discovered in the eyeballs. If taken in the early stages, regulated diet, plus scientific hydropathy, usually brings about an amelioration of symptoms. Insanity forms one side of a square, of which

the other three are rheumatism, plus gout, phthisis, and cancer.

CASE LXXIII.—In May, 1864, I was called to see E. L., aged sixteen, suffering under acute rheumatism. In addition thereto, she was the victim of valvular disease of the heart, the result of a former attack.

For diet I allowed her nothing beyond soda-water and milk, plus a little charcoal-biscuit when she became extremely hungry.

I ordered her to take a water-bath, as hot as she could bear it, night and morning, and furthermore, to continue the immersion until faintness threatened.

To the delight of her widowed mother, she recovered wonted health in the space of three weeks. Her former attack, during the course of which she was treated by drugs alone, persisted for several months.

Since 1864, E. L. has, on several occasions, and in spite of care in diet, been threatened with a return of the malady. A few baths, taken in the very early stages of the disease, have, however, on neither occasion, failed to effect a speedy cure.

CASE LXXIV.—B. G. belongs to a highly

rheumatic family. He is, by far, the weakliest member of that family, and, therefore, ought to have suffered beyond the others. He regulates his diet; he keeps up the action of the skin by matutinal cold-sponging; he leads a very active out-of-door life; he takes no alcohol. As a result he, unlike his brothers and sisters, has in no instance, as yet, been confined to the house with an attack of the family enemy, for a longer period than one day.

If he drinks even half a glass of ale, he finds rheumatism invade his eyeballs within fifteen minutes; a cup of tea will cause the like disaster in an hour; the same quantity, taken twice daily for a week, will induce rheumatism to appear in the fingers.

B. G. has four children, two of whom were born weakly. By means of regulated diet, all four are growing up healthy.

CASE LXXV.—M. D., aged forty-seven, came under treatment, suffering from lumbago, on November 5th, 1875. Drugs, embrocations, hot fomentations, ironing with a hot flat-iron—the routine treatment, in fact—doing but little good, I, on the 15th of the month, persuaded her to take a Russian Vapor-Bath. Although

she had been, from the hour of attack, totally unable to stoop, she dressed without assistance, upon quitting the bath. She expressed regret that she did not hire a fly, and come for a bath a week previously, as I had desired. I discharged her, cured, on the 17th.

She has suffered no relapse.

*Remarks.*—The Russian-vapor, is the most powerful of all baths that I am acquainted with in its therapeutic effects. Unfortunately, it is cumbersome, must be built as a fixture, and requires two hours to make ready.

CASE LXXVI.—W. B. came under treatment on October 9th, 1875, suffering from subacute general rheumatism. Drugs, diet, and topical appliances, proving but of little avail, I, on November 1st, persuaded him to try my Russian Vapor-Bath. When in the bath-room he declined to sit, because, he said, he knew he could not get up again. Upon quitting the bath he not only dressed himself, without assistance, but even drew on his own boots. He added, "Now I'm ready for a fight."

The weather about this time became so inclement that he feared to quit his home. He relapsed and finally sank. I entertain no

doubt but that perseverance with the bath, would, had such a course been possible, have saved this patient's life.

CASE LXXVII.—J. S., aged forty-two, came under treatment in August, 1875, suffering from chronic rheumatism, running into paralysis, the result of indigestion, and principally induced by excessive smoking of tobacco.

I, at once, recommended him to make trial of my Russian Vapor-Bath. He pronounced it delightful, and declared he could, with pleasure, remain in it all day. Wishing to be a physician rather then an individual realizing a profit from a bath, I asked of him the sum of five shillings only, each time he used it. He insisted upon paying me double that amount; nay, more, urged me, as a matter both of profit to myself and benefit to the greatest number, to erect the bath in the great centre—London.

Unfortunately, J. S. was compelled, after taking about six baths, to return to town.

CASE LXXVIII.—F. H., a master-tradesman, was frequently under treatment, during 1877 and 1878, suffering from mild attacks

of gout, a disease to which his father had been, for many years, a martyr.

I explained to him that his immunity from physical suffering, both as regarded the present and the future, lay almost exclusively with himself; that he must live, principally, upon vegetable diet; must abstain from eating suppers; must walk several miles daily; must sponge from head to foot every morning; and take a prolonged hot-bath if he felt an attack setting in.

F. H. speedily discovered that he must abide by the letter of my injunctions, as the slightest infringement of the prescribed rules, brought upon his head punishment swift and condign.

The medicines that proved best suited to his requirements were the following:—

The Soda and Bismuth mixture so often mentioned. Or,

℞—Magnes. Carb. ℈ j.
Magnes. Sulph. ℥ss.
Vin. Colch. f.℥ss.

Aq. ad ℥viij., sumat sextam part. ter in die. Or,

℞—Sodæ Bicarb. ℥j.
P.* Rhei. E.I. gr. x.
Tr. Calumb. ℥j.

Aq. ad ℥viij., sumat sextam part. ter die.

CASE LXXIX.—In February, 1875, I was requested to visit T. B., whom I found in the last stage of phthisis. Observing that one of his daughters appeared extremely unwell, I requested permission to examine her chest. As I anticipated, I found a considerable area of consolidation to exist in the apex of one lung—the left.

As the disease continued to spread, in spite of ordinary treatment, I, after the lapse of some weeks, urged her to take a few Russian Vapor-baths. I experienced considerable difficulty in persuading her that baths of this kind were not weakening in their action—that, in fact, by removing causes of weakness, they were highly strengthening. This prejudice once overcome, the patient cheerfully submitted to make trial of the bath. The result exceeded my utmost expectations.

Two baths removed the burning rheumatic pain she had, for a length of time, experienced, in the pectoral muscles of the affected side; also the removable portion, amounting to about two-thirds, of the area of consolidation.

I examined her chest, at intervals, up to December, 1878. She experienced no return of the old symptoms. No extension of consolidation took place.

I last spoke to this patient in June, 18[illegible]. She then informed me that she continued enjoy her usual state of fair health.

CASE LXXX.—M. R., aged nineteen, whose sister had lately died of rapid phthisis, came under treatment on November 4th, 1875. No actual invasion of lung tissue had taken place, but there existed indigestion marked and of long standing, to which had been recently superadded, great debility, anxiety of countenance, hurried respiration, rheumatic soreness of pectoral muscles, and night perspirations.

She took two baths only; one on the 8th, the other on the 15th, November. These removed muscular soreness, increased the digestive power, and, in fact, produced a general change for the better, and that, too, of a decided character, in the system of M. R.

The weather became so wild about this date, that, living as she did, several miles distant from my house, she was no longer able to continue the use of the bath. Nevertheless, the steamings that she had already passed through, had relieved internal congestion, and given Nature a fair field wherein to struggle for the mastery. This She did in a very efficient manner.

I last saw M. R. in July, 1876. At that date she pronounced herself quite recovered.

CASE LXXXI.—M. K., fell under treatment, in October, 1876. She was nineteen years of age, and had, from her birth, lived in a high and dry locality. Two elder sisters, weakly from infancy, had died of phthisis. M., however, had, throughout life, been remarkably healthy and muscular. Frequently had her mother reproved her for indulging in trials of strength—her antagonists being young men employed on her father's farm. Her only ailment, in days gone by, had been indigestion.

An examination of her chest revealed the existence of a small cavity in the apex of the right lung. I persuaded her to lose no time in making trial of the Russian-bath. She followed my advice. The result proved astonishingly satisfactory. When she had taken three baths only, the appetite had much improved, and the cough had subsided; also the night-perspirations had nearly disappeared. When she had taken her fifth bath I felt justified in holding out strong hopes of recovery. The day following that on which she took her sixth, sunshine gave place to cold wind, accompanied by heavy rain.

Being, no longer, able to continue the use of the vapor-bath, she lost heart and refused to take medicine. As a result, she ran rapidly down hill; and died, within three months of abandoning its use, having a cavity in the left lung as well as in the right.

CASE LXXXII.—F. B., aged thirty-seven, and, unfortunately for himself, a gentleman of independent means, came under treatment in May, 1864.

Of late he had passed through a season of great trial, and had become so irritable, restless, and nervous, as scarcely to justify the appellation of sane man. He walked his dining-room, almost incessantly, from morning till night. He slept but little; he ate comparatively largely, and, having regard to the irritability of his brain, drank immoderately of sherry. His chief occupation consisted in the vowing of vengeance against the individual whom he considered to have injured him most heavily.

His head was hot; his feet cold; his tongue furred; and his eyeballs showed symptoms of rheumatic sclerotitis.

*Treatment.*—To school himself into calmness by reading, writing, working in his garden, or

walking abroad. To live on light food, such as vegetables, fruit, fish, and poultry. To touch neither tea, coffee, any form of alcohol, nor solid meat. To take a cold shower-bath last thing before entering, and immediately upon quitting his bed. If unable to sleep, to take Chlorodyn ♏x., Tr. Aconiti ♏ij., ex. Aq. ℥j., 4$^{tis}_{vis}$ horis per noct. To allow his beard to grow. To wear a light straw hat, also comparatively thin clothing until cold weather set in. To seek occupation, even though he received no remuneration for services rendered; also to frequent society as much as possible.

*Results.*—F. B. very soon began to improve. Within three months he had quite recovered.

Case LXXXIII.—J. H., aged thirty-nine, came to Folkestone to seek advice in March, 1879. His symptoms were—Indigestion, insomnia, aural hallucinations, inability to concentrate thought on any subject, heat of head, coldness of feet, and rheumatic sclerotitis.

I had, in 1860, attended his mother. She went out of her mind, and was confined in an asylum for many years; finally, phthisis supervened, and she returned home to die, her

mental symptoms receding as the disease in the lungs advanced.

J. H. considered his case hopeless, saying he knew he was going the same road as his mother had gone. I explained that it, by no means, followed that he should inherit her disease, more particularly as indigestion lay, clearly, at the root of his ailments.

*Treatment.*—Certainly to refrain from giving up business, as proposed. To hire a clerk, in order to obtain temporary ease. To take a cold shower-bath night and morning. Most rigidly to abstain from alcohol, meat, tea, coffee, and cheese. To live, exclusively, on vegetables, fruit, toast, a plentiful supply of milk, poultry, game, and above all, fish. To keep his mind occupied; to wear thin clothing, also a light straw hat, but warm stockings.

To take the thirtieth of a grain of strychnine night and morning.

J. H. promised most implicit obedience to my instructions. He added that he should not inform the members of his family of the details of the advice given, as he felt quite certain they would not permit him to carry them out, they considering that he required to eat animal food at least twice daily.

I saw no more of my patient, so concluded that his relatives had dissuaded him from following my instructions.

In July I met his father, who had come to Hastings for the day, walking in St. Andrew's Road. In reply to my inquiries, relative to his son's health, he informed me that some doctor had persuaded him to give up meat and beer and wine, and that he was very much better for the change in diet inculcated.

CASE LXXXIV.—B. J., in early manhood, possessed surprising activity and exceptionally great powers of endurance. In February, 1872 (he having, at that date, arrived at the age of thirty-five years), crushing domestic trouble fell upon him. From that day he began slowly to fade. In July of the same year, an inguinal hernia appeared spontaneously in each groin. In 1875, his London physician pronounced him to be the victim of fibroid phthisis. In December, 1879, bronchitis invaded the whole of the left, and the greater portion of the right, lung. From this attack he made but a partial recovery. At the beginning of March, 1880, it became evident to all onlookers that, unless vigorous measures were resorted to, his life

must speedily become forfeit. Dyspnœa was so marked, that even to cross his dining-room demanded a severe effort. Appetite had almost deserted him. He was racked with a cough, which, usually, terminated in the rejection of the trifling amount of nourishment that he had recently taken. Not only his fingers, but half his hands also, died, for some hours daily. His tongue was covered with a thick fur. His face was pallid and deeply lined. His pulse was empty and flaccid. He voided phosphates in large quantities. His bowels acted six or eight times in the course of twenty-four hours. On one occasion, he, craving after fresh air, took, against the advice of his friends, a very short walk, and ascended a hill of the most trifling altitude. He arrived home with a pulse of 120. After an hour, spent in reclining upon a couch, it stood at 108.

B. J. now consented to make trial of the Russian Vapor-bath. He took it twice on each week-day, and for five weeks in succession.

At the end of the first week his relatives could scarcely realize the change for the better, that had taken place in his condition. He coughed much less frequently, his appetite had begun to return; his tongue had, materially,

cleaned; his pulse had become fuller; his countenance had assumed a brighter aspect; the faces of the two men who had deeply wronged him, years previously, had ceased to haunt him; his bowels acted but twice daily.

As soon as, owing to the exigencies of business, he ceased to take the bath, he began to lose ground, and upon all points.

On May 1st, he was wonderfully improved, by comparison with his condition of two months previously, yet, not in as satisfactory a state, as when he abandoned the use of the bath.

On May 20th, orchitis, doubtless of a rheumatic character, overtook him. He refused all medical treatment therefor, contenting himself with assuming the recumbent posture whenever opportunity offered.

*Remarks.*—Inasmuch as the surroundings of B. J. were not favourable to recovery, inasmuch as the wind varied between east and north, and inasmuch as, owing to sensitiveness of lining membrane, he refused to swallow drugs, during his five weeks of treatment, his rapidity of improvement must be attributed to the Russian bath *alone*. It proved an invaluable means of diagnosis in B. J.'s case. He is a member of a rheumatic family. Thanks, however, to

spare diet, abundant exercise, and daily general ablutions, he had, *as he imagined*, hitherto succeeded in keeping the disease at, comparatively speaking, arm's length. Day after day, however, as he reclined in the bath, he felt the family enemy attacking both eyeballs and fingers. *Clearly the bath was in the act of withdrawing suppressed rheumatism from the system.* It is B. J.'s intention to resume its use at the earliest possible date.

The details of this case confirm my opinion that suppressed rheumatism assumes the form even of phthisis.

July, 1880.—The late preternatural sensitiveness of gastric mucous membrane has subsided to such an extent, that B. J. is, now, enabled to take, without nausea or faintness following, fifteen grains of iodide of potassium three times daily.

N.B.—I commend this case to the special attention of those individuals who, like B. J. in times gone by, suffer from twinges of rheumatism, yet fail to realize their serious import.

I reported it in the "British Medical Journal," of June 19th, 1880.

Case LXXXV.—H. S., aged thirty-five, fell under treatment in June, 1878. His symptoms

were—severe irritation of the whole mucous tract, as was evidenced by the following symptoms—Sneezing, frequently recurring, and violent in character; hacking cough, not infrequently terminating in vomiting; expectoration of frothy mucus: general discomfort; pronounced heartburn, following, at a brief interval, the ingestion of food; a necessity of rushing to the w.c. five or six times daily, with the result of, generally speaking, voiding little beyond volumes of wind, plus a small quantity of attenuated motion, also a drachm or two of frothy slime; an urgent desire to empty the bladder every three or four hours, the urine voided frequently depositing a fine chalky sediment.

His pulse was irritable and weak; his skin was clammy. His tongue was coated in the middle, yet peeled at the tip and edges; his teeth were loaded with tartar; his lips were preternaturally red. His features were pinched; his eyes were lustrous.

His general manner betokened great restlessness, conjoined to nervous excitement.

He stated that his sleep was either deep or fitful, and that he was annoyed, at all times, by rolling of wind in the large intestines.

His father, though, throughout life, a temperate man, had suffered much from gravel; one of his uncles had been operated on for stone in the bladder.

Either rheumatism or gout was native to every member of the family. Occasionally, he suffered from pain—sometimes in the elbows and knees, sometimes in the joints of the fingers, now and then in those of the great toes. Most commonly, however, it invaded the instep, also the sole, of the left foot.

An examination of the eyeballs clearly demonstrated the existence of rheumatic sclerotitis.

I observed that he left the upper buttons of his trousers unfastened. He stated that he practised this omission because he was unable to tolerate even the slightest degree of pressure over the pit of the stomach.

In my opinion this was a case of indigestion, giving rise to suppressed rheumatism and gout, and destined, if allowed to run its course unchecked, to terminate either in intra-abdominal cancer or phosphatic calculus.

H. S. declared his inability, on account of a high degree of sensitiveness of internal membrane, to swallow drugs. He added that he had a horror of hot baths. Thus my hands

were to a great extent tied. I was restricted, in my treatment, almost to diet alone.

*Treatment.*—To sponge, from head to foot, piecemeal, with cold water, every morning, immediately upon quitting bed. To sleep covered with no more bedclothes than was necessary to secure reasonable warmth. To lie with the upper sash of the window, situated at the farthest distance from the bed, lowered to the extent of four inches. To pass as much time as possible in the open air.

*Diet—Breakfast*, 9 A.M.—Two breakfast cups of cocoatina, three-fourths milk, and sweetened according to taste. An egg lightly boiled. A round of toast, well buttered; or if preferred, and found more suitable, one slice, only, of toast, followed by two charcoal biscuits.

*Luncheon*, about 11 A.M.—Half a pint of milk, and a charcoal biscuit.

*Dinner*, 2 P.M.—A pint of soup of good quality, and recent preparation, selected according to the dictates of appetite. A few ounces of fish, such as sole, eel, turbot, whiting, or oysters. A few ounces of vegetables selected from amongst potatoes, french-beans, scarlet-runners, peas, cauliflower, or broccoli. These to be followed *if hunger continued*, by a little

well-cooked fruit such as baked-apple, stewed pear, apricot, or peach; or, and best of all, grapes.

*Tea*, 7 P.M.—Same as breakfast.

*Supper*.—None.

To repeat the sponging, already mentioned, immediately before retiring to bed.

*Results*.—Three days after receiving my instructions H. S. visited me a second time. He stated that the irritation of the mucous membranes, had, almost entirely, subsided: that he felt wonderfully calmer, lighter, brighter, happier; most significant change of all, that, for the first time within recollection, he was unconscious of the existence of a mouth—had lost all unpleasant sensation therein. He had become, in fact, a totally changed individual.

He called upon me some eight days afterwards. To my surprise and grief he stated that, though he felt my instructions to be exactly appropriate to his case, the self-denial involved in their execution was so severe in character, that he preferred to return to his former mode of life, and to face the consequences.

In vain I held up to him the certain results of following such a course; in vain I pleaded

that that which was punishment *now*, would be no infliction whatever after the lapse of another fortnight. He remained obdurate.

I saw H. S. no more.

CASE LXXXVI.—J. C. was dyspeptic, and very stout. I frequently attended members of his family during the years 1862—67, when he removed from my locality.

In November, 1880, I, whilst standing in a shop, stumbled across a spare, white-headed man, who, recognizing me, introduced himself as my former patient J. C. He assigned as the cause for the change that had taken place in his appearance, that he had lately recovered from an attack of rheumatism *three years* in duration. Two years of this period had been spent in bed. I suggested the frequent use of Vapor-baths. To this he replied that no form of medication had done him so much good as Turkish-baths.

Nature has, in the case of J. C., done her work of restoration in an exceptionally perfect manner, not one of his joints remaining either stiff or in any degree deformed.

Selected diet, plus the use of the Russian Bath, would, had it been undertaken at a period

antecedent to the date of attack, have spared J. C. thirty-six months of physical suffering with its attendant financial ruin.

CASE LXXXVII.—In April, 1880, I was consulted relative to the case of C. W., by profession a surgeon-dentist. Throughout life he had been dyspeptic. Five years since rheumatism, slumbering and migratory, had attacked him. Twelve months since he had begun to void gravel in considerable quantities.

Eight weeks ago, he had, at the request of Dr. W., of C., begun to take pepsine in large doses. The result of the use of the drug had been the immediate cessation of the gravel.

His relatives had become anxious less the disappearance of gravel portended the formation of stone in the bladder.

Of this, however, there appeared no evidence. I therefore congratulated C. W. on his good fortune in having discovered the remedy exactly suited to his case, and urged him to continue the treatment recommended by Dr. W.

CASE LXXXVIII.—F. C. enjoyed excellent health until the end of the year 1870. After the birth of her second child in January, 1871,

she, however, suffered from puerperal cellulitis. In the midst of her illness she underwent a severe mental shock. In 1875, when she was eight months pregnant, she encountered another shock. This last was so severe in character as to cause a slate-colored cloud to overspread her face. This cloud only partially receded. In October, 1877, shortly after the birth of a child, an abscess in connexion with the left kidney broke and voided more than a pint of pus. This abscess was the result of the shock sustained in 1875. From that date she has been the victim of indigestion, coupled with sordes on teeth. In 1879 she began to suffer from Eczema and Psoriasis of both hands. In January, 1881, she again underwent an attack of puerperal cellulitis, followed by a fresh outburst of Eczema and Psoriasis, this time of fingers.

F. C. is very intolerant of drugs. She is by no means as careful in diet as she ought to be. Unfortunately also, she is prejudiced against Vapor-baths.

May, 1881.—The Psoriasis has extended to the arms. The sordes have, long since, disappeared.

## CHAPTER XXV.

### ON INDIGESTION AMONGST THE POORER CLASSES.

LADY-VISITORS and other philanthropists who throw themselves in contact with the poorer classes, may do much to relieve them of their almost universal ailment—indigestion. They should teach them—

(1) That their houses, as well as their bodies, must be cleansed at intervals brief and regular.

(2) That curtains, and dwarf blinds, must be removed, and their place supplied by roller-blinds, which latter must (except, of course, when the sun shines in strongly) be drawn to the top of the upper sash; the reason for the ordering of such a change being that, whereas, their houses are, through faultiness of construction, enveloped in comparative darkness, the presence of light is indispensable to the health of the in-dwellers.

(3) That foul air of all kinds, must be, as much as possible, avoided, and that the air of the house must be renewed at intervals.

(4) That the teapot, that is usually to be found stewing on the hob, must be given up at once, and for ever, and cocoa or water substituted for its contents. That plain water, obtained from a water-company, must, in conjunction with any harmless drink, take the place of beer. That

(5) Bread, toasted and eaten dry, is far more wholesome than when left untoasted and eaten with inexpensive butter. That

(6) Meat is merely a luxury of life. That fish, if fresh, is very wholesome; and that the vegetable kingdom supplies ALL the elements necessary to nutrition.

(7) That infants must be suckled—not fed.

## CHAPTER XXVI.

### SUMMARY.

LET us pick up our threads. I contend that INDIGESTION is caused by—

(1) Imperfection in the organs more immediately concerned in the digestive process;

(2) Disorder or disease in distant organs; and,

(3) Unsuitability of food. Also that

(4) It invariably leads to mal-nutrition, and is consequently

(5) The cause of every disease to which man is heir. Furthermore,

(6) That the enormous majority of individuals suffer from indigestion, in one or more of its many forms.

That, as regards freedom from bodily suffering,

(1) Appropriate food will soothe irritable digestive organs; whereas,

(2) Inappropriate will vex them.

(3) That the *Indigestion of Infants* is usually dependent upon the administration of unsuitable diet, and is the great cause of infantile mortality, of prolonged debility, and of premature death.

(4) That the *Indigestion of Youth* is brought about, not only by inappropriate diet, but also by excessive study, unfavourable mental impressions, overcrowding, insufficiency of clothing, and several minor causes.

(5) That *Acute Indigestion of adult age* usually depends upon the ingestion of unsuitable food, and is best treated by hot-water emetics, and rest to the digestive organs. That in regard to

(6) The *Chronic Indigestion of adult age* both symptoms and treatment permeate the whole domain of practice of medicine. That in regard to

*Treatment*, the chief items are as follows:—

(1), and most important of all,

*Diet*, graduated carefully, according to the greater or less strength of the digestive organs; and, *contrary to the popular belief*, consisting principally of vegetables and fruit, to which may be added animal food in the fluid or semi-fluid condition. That, in certain exceptional cases, it must consist almost entirely of

animal food—nay, even of flesh itself. That the articles of diet that, usually, cause indigestion are—tea, coffee, cheese, alcohol in all its forms, anything either cooked enclosed in crust, or warmed a second time; that some stomachs require food to be given at short, and others at longer intervals; that suppers usually disagree, inasmuch as, when the brain is asleep, digestion can scarcely proceed in a satisfactory manner; and that the drinks of the dyspeptic should consist of water, effervescents, fruit-syrups, cocoa, cocoatina, and PERHAPS a TINY modicum of whisky, brandy, or claret, very much diluted. That, in regard to

(2) *The Manner of Eating*, dyspeptics should eat slowly, should refrain from drinking whilst eating, and should partake of nourishment at the intervals that they find best suited to their idiosyncrasies. That, in regard to

(3) *Drugs*, many, such as soda, bismuth, rhubarb, hydrocyanic acid, and aconitine, will afford temporary relief; but strychnine, phosphorus, and possibly quinine and iron—the latter two most cautiously administered—can alone be regarded as curative agents. That, in regard to

(4) *Purgation*, *drugs* must be abstained from,

and the object attained by means of appropriate diet, galvanism, and hydropathy scientifically used. That

(5) *Engrossing mental occupation;*

(6) *Clothing*, sufficient, but not excessive;

(7) *An outdoor life;* or, its nearest substitute,

(8) *The inhalation of oxygen gas;*

(9) *Free mixing in Society;*

(10) *The avoidance of foul air*, of all kinds, and—that deadly poison—*sewer gas*, are necessities of existence. That

(11) *Surgical interference* is frequently called for, and that

(12) *Bathing*, *i.e.*, *scientific hydropathy*, ranks next in order to diet as a curative agent, and for the following reasons, viz.:—That the skin is a monster eliminator; that it is *the* organ that Nature has selected as a safety-valve to the internal membranes; that it is both contiguous to, and continuous with, them; nay, more, that it is most easily convertible into mucous membrane; that, as a matter of practical experience, we find that, to act upon the skin, signifies to relieve congestion of internal organs; and that baths take the following order of precedence.

*As Eliminants*—

(1) The Russian bath;

(2) The Turkish bath;

(3) The Hot-air bath;

(4) The ordinary Steam-bath; and

(5) The Wet-sheet pack-bath.

*As Tonics*—

(1) The cold Plunge-bath;

(2) The cold Shower-bath;

(3) The cold Soap-and-water bath;

(4) The Piecemeal cold sponge-bath. That, in cases where reaction does not readily follow the use of cold water, tepid may be substituted therefor. That

*Rheumatism and Gout* are diseases induced by acid, generated in the stomach, and are *undoubtedly preventible*, nay—and except in the latter stages—*curable* also, by means of appropriate diet and baths.

That *Phthisis* is susceptible not only of indefinite postponement, but also of cure, if the remedies be applied in the earlier stages of the disease, and laid on the lines above indicated: that even

*Cancer* itself can scarcely occur, provided that its first stage—that of congestion—be put a stop to by the same agency. And,

finally, that the greater number of forms of *Insanity** are also dependent upon indigestion, and curable by the processes already referred to.

* Whilst penning the first edition of this book I debated within myself, for a considerable time, the advisability of placing this paragraph in the hands of the printer. It is now (December, 1880) a source of comfort that I then had the courage to express my deliberate conviction. At the meeting of the British Medical Association which was held at Cork in August last, D$^{r.}_{rr}$ J. A. Eames, physician to the Cork Lunatic Asylum, stated that he found the free use of the Turkish Bath, a source of vast benefit to the patients confined in the institution.

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